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Rough Draft

Health and Human Services Committee  
October 05, 2007

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[LR156 LR162 LR165]

SENATOR JOHNSON: I'm Senator Joel Johnson, Chairman of the Health and Human Services Committee, and we have a bigger committee than what you're seeing this morning. We do have Erin Mack, who is our committee clerk, and Jeff Santema, our legal counsel, with us here this morning. Senator Arnie Stuthman from North Platte and the Senator Tom Hansen--or excuse me, I got you turned around--(laughter) from Platte Center, and I was already on to Senator Tom Hansen from North Platte. Arnie is the third notable person from Platte Center, right? There was a very significant general in the second World War who was from Platte Center, and also a Nebraska football player who went on to play with Buffalo for about 17 years. And now we've got Arnie. (Laughter) Actually, I shouldn't tease Arnie, here this morning, because he's had a rough week. His mother died, and so we really appreciate his being here. So let's go ahead and...one of the things is that even though this is not a regular hearing schedule that we have during the year, things are recorded and transcribed so we go through the same rules. If you would clearly identify yourself and spell your name, because that will help us out quite a bit. We do go through things a little bit different here, because we won't have the exact proponents and opponents and neutral testimony and so on. But one of the things that we do ask you to do is to try and be brief. One of the things that we actually have been putting in between ten- and fifteen-hour days here since Sunday, going across the state, looking at children's facilities. And we're not done yet. We are scheduled to leave here about 1:00 this afternoon and get done close to 6:00, looking at Lincoln's facilities here today. So if you would help us out, besides that, as Bishop Sheen once said, "How do you expect other people to remember what you said if you have to write it all down and read it as well?" So be as brief as you can. We do want you to let us know what your thoughts are and so on, but organize them and be concise if you can. With that, Jeff, anything else that you can think of? Well, let's go ahead. We've got Senator McGill here, and LR165. Welcome. [LR165]

SENATOR MCGILL: (Exhibits 1, 2) Good morning, Senator Johnson and Senator

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Stuthman and Hansen, it's good to see you all here today. I'm Senator Amanda McGill, A-m-a-n-d-a M-c-G-i-l-l, and I represent District 26. I'm here today to introduce LR165. Nebraska is experiencing pandemic levels of domestic and dating violence, sexual assault, and stalking. While these crimes historically are considered judicial system issues, that system does not address the many needs of victims of these crimes. Domestic violence and sexual assault are one of the leading causes of substance abuse, mental health disorders, suicide, poverty, and the need for public benefits such as ADC and TANF. Lifetime costs for just one victim can easily reach \$2 million. That includes the medical care they need, the public benefits, the disrupted education, lost employment, and legal services. Two million is more than one year's total HHS statewide allocation for domestic violence and sexual assault. These forms of violence must be addressed through prevention, intervention, transition, and community-based resources and support for those who need ongoing care. Today you will hear from a few survivors...actually, one of them couldn't make it and you have a letter from Heidi there with you, but we do have another here. They will demonstrate the impact victimization has on our schools, businesses, health care providers, housing systems, and many others. Domestic violence alone costs Nebraska businesses \$8.6 million annually, just in lost work days, not to mention the added cost for health insurance for these victims. Luckily we have the Nebraska Domestic Violence Sexual Assault Coalition, a nonprofit, statewide membership organization providing training, technical assistance, and resources to the 22 violence and sexual assault programs across the state. And they are there to address the needs of victims. You'll be hearing from some folks from those organizations as well. These programs have grown tremendously and there is a rising challenge in fulfilling the needs of an ever-changing and varied group of victims: children, people with mental illness and substance abuse disorders, poverty, the elderly, males. These are some of the many groups adding to the growing list of domestic assault victims. As these programs expand, so do the overhead costs of each program. Program funding is provided through a combination of federal grants, state funding, and private-sector fund-raising. State funding has remained static over this decade, meeting only 12 percent of program expenditures, while federal grant program requirements

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have made funding contingent on compliance and sometimes conflict with Nebraska law, policies, and procedures. By not addressing domestic violence and sexual assault concerns more proactively, we are increasing cost to the public health and welfare system, businesses, and communities. We must make sure that we are responsibly allocating resources to prevent victimization and reduce the secondary costs to our state. We should also make sure the language of our state laws maximizes the ability to receive federal grants. Finally, I'd like to thank members of the Coalition, specifically Pam Perry, for her work on this interim study. It is through her hard work that we are able to do what we now for victims, and I hope we can do more. Once again, I thank you for your time this morning. [LR165]

SENATOR JOHNSON: SENATOR MCGILL, thank you. Yes, Senator Stuthman.  
[LR165]

SENATOR STUTHMAN: Thank you, Senator Johnson. Senator McGill, thank you for bringing this legislative resolution. Things like this really touch me, because things that happen to younger children and stuff like that...I'll just relate to you an instant that just happened with one of my constituents just in the last several days. A 19-year-old mother and her 17-year-old live-in boyfriend...the baby was taken away with a skull fracture, broken jaw, broken arm. And these things really bother me. What bothers me the most is that I just hope and pray that there is never a reunification with the mother again on some of these situations. But I get a lot of calls with constituents of mine and other people in the state of Nebraska, you know, the Department continually tries to reunify...reunification with the mother. And it just doesn't work. I think we need to work real hard on situations like I've just experienced right now in my local community, that it is terminated immediately, because that child is never...hopefully that child survives. But it'll never be right. [LR165]

SENATOR MCGILL: Absolutely, there are a lot of sad situations out there in the state, and so it's important to make sure the resources...to prevent and then help women and

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children are there. [LR165]

SENATOR STUTHMAN: Yes, again, thank you for bringing this. [LR165]

SENATOR MCGILL: Thank you. [LR165]

SENATOR JOHNSON: And I don't know if it's just that we hear more about them with the TV and all the news coverage and so on--you certainly get the impression we're going the wrong way. [LR165]

SENATOR MCGILL: Yeah, and more women are willing to come forward now, and that's why it's important to have shelters for them when they're more willing to come forward. [LR165]

SENATOR JOHNSON: Yeah, there may be other reasons though. Maybe it's always been not...should we say, not good. And now we're just addressing the problem. And so... [LR165]

SENATOR MCGILL: I'm sure there's some more people here who can talk a little bit about trends too. [LR165]

SENATOR JOHNSON: So let's look forward to what they have to say, and hopefully we can do a better job than what we are. [LR165]

SENATOR MCGILL: All right, thank you. [LR165]

SENATOR JOHNSON: Okay. I trust you'll be able to stay for the... [LR165]

SENATOR MCGILL: Yes, I'll be staying. [LR165]

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SENATOR JOHNSON: Okay, great, thank you. Well, I have on my list Jeanie Gilbert.  
[LR165]

JEANIE GILBERT: Yes you do. [LR165]

SENATOR JOHNSON: Okay, great. Jeanie, welcome. [LR165]

JEANIE GILBERT: Thank you. Good morning, Senators and thank you for your time and the opportunity to speak with all of you. My name is Jeanie Gilbert, J-e-a-n-i-e G-i-l-b-e-r-t. I work with a Rape Domestic Abuse Program in North Platte, Nebraska, where I've been the community educator for the last 12 years or so. I work closely with clients on a daily basis, and I also facilitate the educational support group. And as I speak I will refer to her as the victim and him as the abuser. Domestic violence and sexual assault and stalking all have one common characteristic, and that is control. That control is established through many methods: fear, intimidation, manipulation, coercion, physical harm, or threats of physical harm. Every woman that is living with domestic violence has been stalked. The abuser needs to know where she is, why she was there, how long she was there, if she saw anyone she knew, if she spoke to them and what she spoke to them about, and for how long. And by the way, cell phones have made it possible for him to do that more efficiently. And I shudder, thinking about GPS capabilities. She's constantly drilled for details. She is discouraged strongly from having friends or being involved with her own family. Isolation is a well- and often-used tool, pulling her away from any and all support, and amazingly convincing her that it's her choice, her idea, and always her fault. Has she been sexually assaulted? Probably. Choice is not an option: comply or suffer consequences, it's often a trade-off. From the outside, from our world, from our point of view it seems so obvious what is happening and what she needs to do. But from her perspective there's confusion and fear: fear of doing the wrong thing, fear of saying the wrong thing, and fear of thinking the wrong thing. She tries to be good. All of the logical things that you and I would do to prevent or end a situation like this don't apply. There is no logic. She reasons things out and she

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tries to fix it, because, "that is the way it is", is the only logic that an abuser needs. If you were to list all the characteristics of a hostage victim, the list would read identically to that of an abuse victim. Only it's worse for her because she believes it's her fault, and she believes she caused it. And of course she believes that, because she is reminded of that every single day. All of you would be quick to tell me the effects of fear and intimidation on a child, and they would be devastating and harmful. It has the same effect on an adult. She lives in constant confusion until she cannot make clear and wise decisions, and she begins to feel lost and helpless and totally incapable. She buys into all of the lies, but why wouldn't she? The person telling her loves her, doesn't he? And it's for her own good, isn't it, because she's so helpless now, isn't she? And she's proven that over and over. So now she needs to be told what to do, learned helplessness, and she learned it well out of necessity to survive. My uncle Roy was in a prison camp in World War II, he said he did what he was told, always, to the best of his ability. And any one of us would understand his logic. He was trying to survive in a world where power and control was the norm. Domestic violence victims are living much in the same way. Yet I've seen people roll their eyes, shake their head, look her in the eye, and ask her why? No one ever asked uncle Roy why. No one ever told him he should have done something differently. Why should she be expected to defend herself, because she's done nothing wrong? Did any of you come up against a bully in grade school? I did. Second grade: I remember being really scared, intimidated, and helpless, because there was no reasoning with him. I also remember running home to my mom where I was safe. You know what I cannot imagine would be walking in the house and having my mom point her finger at me, look me in the eye, and ask me why, why did I let that happen and what did I do to cause it? I would have been devastated. And so are the women that I work with. Very often people are asking the wrong person why. Thank you very much. [LR165]

SENATOR JOHNSON: Thank you very much. Any questions? [LR165]

SENATOR HANSEN: I have one. [LR165]

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SENATOR JOHNSON: There we are. [LR165]

SENATOR HANSEN: Good morning, Jeanie. [LR165]

JEANIE GILBERT: Hi. (Laughter) Good to see you. [LR165]

SENATOR HANSEN: Could you--in your mind anyway--could you tell us the difference between a domestic violence abuser and a registered sex offender? [LR165]

JEANIE GILBERT: A registered sex offender? [LR165]

SENATOR HANSEN: Have a seat. We'll...(inaudible) [LR165]

JEANIE GILBERT: Sure. A registered sex offender is...okay (laughter)...someone who is convicted of a sexual assault. A domestic violence... [LR165]

SENATOR HANSEN: But did you...excuse me, but you said that they probably, this abuser probably did commit sexual assault. [LR165]

JEANIE GILBERT: Absolutely, very commonly you find that in domestic violence in a sexual relationship, oftentimes when you have a confrontation going on, sex is almost used as a measuring stick of when it's over, that's how it ends. And she looks at it as: the fight is over, or this wouldn't be happening. And he looks at it as: she's not going to leave or it's okay because she's doing this. So oftentimes it's used in that way. You know, we're not talking about, necessarily, a violent rape. We're talking about compliance and not having a choice, not having a voice, because it is a trade-off, very often. [LR165]

SENATOR HANSEN: In you work with the rape and domestic abuse center, can you

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help by calling the police and having the abuser taken out of the home? [LR165]

JEANIE GILBERT: You know, it's her choice. I can't...I have no power whatsoever. When she comes to me, we visit with her and we do what she needs to do. Okay? We don't necessarily recommend anything. We educate, we encourage, and we empower. But what is done is totally up to her. If she needs...if the police are called, it's her call. Okay? [LR165]

SENATOR HANSEN: Can the police take that person out of the home? [LR165]

JEANIE GILBERT: Possibly. There's a lot of variables on that idea. [LR165]

SENATOR HANSEN: There are stalker laws, and there are assault laws. [LR165]

JEANIE GILBERT: Absolutely, absolutely...we had, if I can tell you for just a moment a story in North Platte where we had a young man that...she had a protection order... [LR165]

SENATOR HANSEN: Make it Kearney. [LR165]

JEANIE GILBERT: Make it Kearney...(Laughter) She had domestic violence she had left. He constantly stalked her. She got a protection order where you stay 100 feet away. He continued to park a half a mile from per property, where she worked, and watch her with binoculars, which was very unnerving. The judge added...changed the protection order, made it a half a mile. And so one day when he was out there with his fishing equipment and his binoculars, a policeman pulled up behind him and arrested him for violation of a protection order. And he was convicted on...well, I take that back...he was charged with stalking. He left the country and you know, jumped bond, so we never saw him again. So yes, we see that. [LR165]

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SENATOR HANSEN: I would assume that there is children involved in most of these situations. [LR165]

JEANIE GILBERT: Most always, absolutely... [LR165]

SENATOR HANSEN: And then there is a possibility of abuse there. [LR165]

JEANIE GILBERT: Absolutely. [LR165]

SENATOR HANSEN: We learned one thing on our tour...HHS facilities this last week: that we need help in the judiciary committee too. That HHS, nor the police, can take a registered sex offender out of a home that there's a child in. They can't take the child out and they can't take the...they can't make the registered sex offender leave. Those...that law needs to be changed too. [LR165]

JEANIE GILBERT: Yeah, that's very scary. You know, and someone who is a domestic violence victim and an abuser, it's a very hard combination for her to walk away. And yeah, we need help. [LR165]

SENATOR HANSEN: Okay. Thank you Jeanie...appreciate your coming. [LR165]

JEANIE GILBERT: Thank you very much. [LR165]

SENATOR JOHNSON: You bet, thank you, Jeanie. Next is Jenna Clark, and Jenna's from Columbus, I see. And we try and let you people that have come quite a ways have a little more leniency on the time, but again, just to kind of remind you, we want to be done by 10:00 if we can, so that the people on our third hearing don't get up and say, hi and goodbye. [LR165]

JENNA CLARK: Okay, well don't be afraid to cut me off if you need to. [LR165]

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SENATOR JOHNSON: No, you're fine. [LR165]

JENNA CLARK: Good morning, Senators. My name is Jenna Clark and I am a child advocate in Columbus, Nebraska at the Center for Survivors. I want to talk about a couple of the main things that I do there, most of which promote prevention and education. The first thing I do is I work with clients when they come in in crisis mode. I work with the kids who, maybe mom is coming in because of domestic violence, and I meet with the children during that time. Lots of times moms might say, oh, they probably haven't seen anything, but most of the time they have. Sometimes children disclose abuse at that time, which I report and we try to get them to the services that they need next. The second thing that I do is I conduct speaking presentations in the six counties that we serve. I conduct bullying presentations and also some good-touch/bad-touch work as well. The third thing that I do is I meet with kids daily while they are in our shelter. We do lessons with the kids. We safety plan while they are there, because you never can be 100 percent sure that they will not return. So we safety plan with the kids, but most of all I try to help them transition during that time. And some days we honestly just try to have fun, because sometimes the kids come in and they just do not look like kids. You know, they are just sullen, so we try to have fun. And when I think about how thankful I am that we have our shelter, I think of a five-year-old boy that I worked with last year. And I will refer to him as J. I think he was five when his mom first sought our services. He was one of the most out-of-control, destructive boys that I have ever met or worked with. I think he was destructive, disobedient, didn't listen to his mom, he went to the bathroom all over our shelter, I mean, it was pretty awful. But it took him almost two months for him to really calm down. And he just became more peaceful. He was excited to do our lessons then, you know. He wanted to see people. But unfortunately his mom chose to go back at that time. However, six months later they sought our services again. And the destructive boy was back. But this time it only took him like less than two weeks for him to really calm down. Which just showed us and his mom how much it hurt her son to be in that home, even though he did not experience the physical abuse like mom

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did. He could not handle being in that home. And thankfully they are still away. And I saw him in his kindergarten class last semester, and he was doing great. So it's kind of a neat story. The fourth thing that I'm able to do this year which I'm very excited about is I'm participating in building healthy relationships groups. And we are involved in eight different schools in our six communities with a total of 17 groups per semester. In a current group that I'm helping with we have eight girls who were selected randomly from 200 that wanted to participate. Of the eight we have four girls who have disclosed that they have experienced domestic violence in their homes. Two have experienced dating violence and one has been physically, emotionally, and sexually abused by an uncle. One of the girls, I will call her J. as well, she was conceived through rape. She has grown up watching her mom go in and out of various relationships, none of which she thinks have been healthy. She used to cut herself in junior high. She has been involved in a building healthy relationships group this semester and she has opened up. We have gotten her services and she...it's the first time she's really talked about her rape and what has happened to her in the past. And last year one of my coworkers, who is an adolescent advocate, which I should say, we are completely blessed, because we have both a child advocate and three adolescent advocates. And most programs in our state do not have either. So anyway, she was working with a girl in her group whose boyfriend pressured her to have sex, and she said no, so he slit her tires. And he began stalking her by phone. And she disclosed that he had shoved her and controlled her throughout their whole relationship. She didn't want to date anyone else throughout high school because she was afraid that he would hurt a future boyfriend of hers. So this was her opportunity to talk and get help. And we got her counselling services and just helped her realize that it was okay for her to acknowledge that that was not a healthy relationship. And the last thing that I do is I conduct a weekly children's group. It's a group of kids who have witnessed domestic violence or experienced some kind of physical, sexual, or emotional abuse. It gives kids an opportunity to share about their experiences in a safe environment. And one girl comes to mind when I think about what group is for. She is a ten-year-old girl who was physically, sexually, and emotionally abused by her step-dad when she was much younger. Her mom got her out of that

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situation. However, she was later abused by an aunt...sexually abused by her aunt. Thankfully she and her siblings come to group and she was just...she could be like the teacher, you know. When new kids come to group she talks to them about how...what the group is for: it's safe to talk here, they believe you here. And she just is what group is for, you know. She talks about it, she helps the other kids who come and who are nervous about talking. So it's really a neat thing and that's about it. That's about what I do, so I just think it's great that we are able to have child advocates and adolescent advocates, because those kids really...they need our services. [LR165]

SENATOR JOHNSON: Great, Jenna. Senator Stuthman. [LR165]

SENATOR STUTHMAN: Thank you, Senator Johnson. Jenna. [LR165]

JENNA CLARK: Yes. [LR165]

SENATOR STUTHMAN: Thank you for coming. Do you see that there is any connection with drug addictions to abuse? Do you see that happening more? Or are you able to detect that? Or is it more the control factor? [LR165]

JENNA CLARK: With the kids or with their mom? [LR165]

SENATOR STUTHMAN: With the mother. [LR165]

JENNA CLARK: With the mother...we are seeing that in some...like with the adolescent groups, we hear about it sometimes that that may be how mom is coping. And unfortunately some of the kids now, like they don't know how to cope with all the stuff that's going on. So some of them are cutting, some of...we had a girl this last week who tried to...who OD'd on some medicine. These kids are not learning how to cope with all the stuff that's going on at home. [LR165]

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SENATOR STUTHMAN: And the situation of the child that was out of control and went back to that, in my opinion, that family was out of control all the time and the child only learns from what's going on at home, so it would have been a total disaster at home. [LR165]

JENNA CLARK: Yes, exactly. Yes, and it was clear to all of us from the outside that that was the case. And thankfully mom realized that as well and they are still on their own. So... [LR165]

SENATOR STUTHMAN: Thank you for coming. [LR165]

JENNA CLARK: Sure. Thanks. [LR165]

SENATOR JOHNSON: Okay, thank you. Let me introduce Senator Tim Gay from Papillion area and then it's my understanding that the next person on the list here is not available to us this morning. But Heidi has left us a letter and we'll put this in the official record as well. Now I think the next person on my list is Elise. Am I pronouncing your name correctly? [LR165]

ELISE HUNTLEY: Yes. Good morning, my name is Elise Huntley, E-l-i-s-e H-u-n-t-l-e-y. Good morning. [LR165]

SENATOR JOHNSON: Good morning. [LR165]

ELISE HUNTLEY: My name is Elise Huntley and I would like to give thanks and appreciation to the Y, Health and Human Services, Salvation Army, Heartland Families, and the Salvation Army Shelter. As a survivor I was a victim of severe domestic violence for 15 years. During the 15-year period I was beaten, sexually assaulted, battered, bruised, choked and left unconscious several times. I was always afraid for my life and threw up whenever my body felt he was coming back home from work. I

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attended several domestic violence classes that provided me with a confidence and empowered me towards survival. The Y not only educated me with needed resources, they also provided me with a great attorney who provided me with legal support to get out of the lion's den. I sincerely believe that the program delivered by the Y and all the other agencies are very crucial and beneficial for other domestic violence victims like me in the future and should be continued and supported. I'm proud to conclude here, as a result of the process I've gone through...I've gone through in the Y and the other programs, I've been able to make a lot of progress. One, I have a voice now and not silence. Two, I have been able to find a job on my own and within three months I was promoted to become a department manager as a result of my dedication and commitment. Three, I was able to get out of the homeless shelter and independently support my three kids, acquired an apartment where I now live with my kids. By November the first we'll be moving into a more comfortable environment which is a home. Dear legislators, Senators, thank you for your continued support of the Y and the other programs...and the other programs. Without their support I will be in a marriage of hell, or I could have been history and one of the faceless statistics. Thank you. [LR165]

SENATOR JOHNSON: Thank you, Elise. Any questions of Elise? Senator Gay. [LR165]

SENATOR GAY: I've got one. Thank you, thank you for coming down and testifying, that's courageous. The interaction you had with the YWCA and Heartland Family Services--great organizations--did you feel that...did you interact at all with the state...other functions or did you primarily go and work with those nonprofits? I mean, were they your main source of support? [LR165]

ELISE HUNTLEY: Yes. Yes. [LR165]

SENATOR GAY And they did a very good job...they...just excellent. [LR165]

ELISE HUNTLEY: Absolutely. [LR165]

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SENATOR GAY: That's good. Well that's quite an undertaking you went through. Remarkable. So congratulations and best of luck. [LR165]

ELISE HUNTLEY: Thank you. [LR165]

SENATOR GAY: Thank you. [LR165]

SENATOR JOHNSON: Yes sir, Senator Stuthman. [LR165]

SENATOR STUTHMAN: Thank you, Senator Johnson. Elise, first of all, thanks for coming, because you're one of the people that have been through the situation. Did you at any time early on feel that there was no place to go, no help, or anything like that? Or what led you to try to find some help for yourself? And it seems like you've developed upon that. What I'm try to get is...is there something that we can do for people that would make it easier or better for them to find help, that went through a situation like you did? [LR165]

ELISE HUNTLEY: For me what I know, fear kept me back, I was so afraid for my life. [LR165]

SENATOR STUTHMAN: Fear? [LR165]

ELISIE HUNTLEY: Fear kept me back. And I really did not know...I knew I was going to lose my life if I did walk away at that time, but the last domestic violence that happened to me was in front of my kid, and my kid is the one who called 911. And I was able to get out, move into a shelter. [LR165]

SENATOR STUTHMAN: so your child was the one that really helped you through that then? [LR165]

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ELISIE HUNTLEY: Yeah. [LR165]

SENATOR STUTHMAN: Okay. Thank you. Thank you very much. [LR165]

ELISE HUNTLEY: Thank you. [LR165]

SENATOR JOHNSON: You bet. Thank you. It's kind of nice to know the ending of the story. Senator Gay, again. [LR165]

SENATOR GAY: One follow-up question: when you said about your child, I think that the key too, we talked about after the fact what happens, but these young men are seeing, you know, it's a chain of things, I think. And they see this and we need to probably...if anyone else who is going to come up again to talk about that, if there's programs...if a son is seeing dad doing this, well, then he is going to grow up to do the same thing, and we have a chain. So I think one of the best things, not just for yourself, but removing them from that environment is so beneficial too. So you did a great job to do that. I couldn't imagine, you know, being a man of that kind of courage. But that's awesome, because you're breaking that chain, and I think that's the key too. So all the prevention we need to do we need to look at the men who are doing this. So...thank you. [LR165]

SENATOR JOHNSON: Amen. Elise, thank you very much. [LR165]

ELISE HUNTLEY: You're welcome. [LR165]

SENATOR JOHNSON: Next I have Kim Carpenter. Morning, Kim. [LR165]

KIM CARPENTER: Good morning, Senators. My name is Kim Carpenter, K-i-m C-a-r-p-e-n-t-e-r, and I'm the director for the Nebraska Coalition for Women's Treatment

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as well as Trauma-Informed (phonetic) Nebraska. But today I am here to speak as a survivor and recovering addict. Even though some of the traumatic events that I experienced occurred over 30 years today, the effects can still be felt today. I was a moody teenager and adolescent, not unlike the majority of folks out there. To this day when my mother talks about those years she emphasizes the almost daily ritual between us. She would say, how are you? And I would say, I'm fine. She would ask, what is wrong? And I would say, nothing. This would usually be done as I was heading towards the bedroom to slam the door, turn on the stereo, and hide until forced to resurface for meals. My memory is not the best, but I can still remember my feelings when I said, I'm fine, to my mother. What I was really saying was I was not fine, and I'm afraid that I would never be fine. The reason I wasn't is because I was recently sexually abused by an older sister's live-in boyfriend. I was 12 and he was 26 or 27. I decided to try to pretend that it didn't happen, which was aided by the fact that he had given me alcohol and pills, and waited for me to pass out before initiating the abuse. But it was difficult to ignore when it happened again. I told my best friends and was surprised to find out that they too had both been sexually assaulted by boyfriends or family members. In fact, I found that most of my friends in childhood had been abused. It seemed like that it was the expectation, not the exception. There would be further incidences of violence, physical, emotional, sexual, domestic violence, sexual assault throughout my teen and young adulthood years. But even at the age of 12 I found a way to cope with the feelings of anger and shame. I used substances. Alcohol and drugs became my best friends, my most reliable friends. I was drinking alcoholically by the time I was 16 and soon also became addicted to a variety of substances including cocaine and crack. Drugs and alcohol helped me in my long journey of disconnection from life. Throughout the almost 30 years of misusing substances, I managed to separate myself from my body, numb all of my feelings of rage, fear, and shame; and sever all spiritual connection. Socially, in the end, I was left with a few superficial friends, a marriage damaged beyond repair, and little sense of family or community. I missed events that are gone forever, like weddings and birthdays. And my family became a casualty of my addiction as I was even unable to attend my own father's

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funeral due to using. I felt as if I was only existing versus participating in life. I could go through the motions like a pro, maybe make it to work, kind of keep my house clean, and avoid red flags like DUIs that might alert someone that I had a problem. But I couldn't feel my life. I was quite successfully becoming just a beating heart, someone basically taking up space. The only thing that I could truly focus on--or fixate would be more accurate--would be staying numbed by substances as much as possible. My obsession with drinking and drugging, which felt to me like self-care, became worse in my thirties. And I spent about seven to eight years drinking alone in a room every night, rarely with any deviation. I even decided not to have children. The world did not seem like a safe place for kids. And besides, the child would probably interfere with my delicate routine of nightly numbing to which I had become accustomed. It had been years since the violence occurred and I still lived in fear. I was forty years old and had to be intoxicated and have the light on in order to fall asleep. Over the years there were numerous consequences of the trauma of the domestic violence and sexual assault and of my addiction. These included dropping out of school, losing jobs, sexually transmitted diseases, ulcers, car accidents, injuries due to falling, cutting, burning, suicide attempts, chronic depression, post traumatic stress syndrome, panic attacks, and daily self-loathing and unending shame. Today I'm clean and sober. I was able to get there with the help of supportive friends, family, other women who share my experience, twelve-step groups, many therapists, physicians, medication, yoga, exercise, nutrition, and learning to reconnect. Even as a professional in human services I struggled to find and pay for the help that I needed to become well. Today I offer a community support group for some very courageous women who are effected by mental illness, substance use disorders, and trauma. It provides a very small plug to a very large service gap. Together we remind ourselves that we are not alone, that we can be whole and feel joy in our lives, and that we don't have to think in terms of before the abuse and after the abuse like two different lives. And that we don't have to be so tied to labels, like survivor, victim, addict, drunk, borderline or bipolar. We cannot do this alone, however, and services are needed. Today I am making the transition from just surviving to thriving, from existing to living, and from avoidance and numbing to feeling and

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embracing. My life feels like a precious gem that I need to nurture and cherish and not take for granted. I will continue my path of reconnection with passionate anticipation and plan to take others along with me as I go. Ghandi said that the future depends on what we do in the present. I believe we all have a personal responsibility for that future and to both prevent and respond to those affected by violence. There is still much more to do. Thank you for your time and for listening. [LR165]

SENATOR JOHNSON: Thank you. [LR165]

KIM CARPENTER: Any questions? [LR165]

SENATOR JOHNSON: Any...yes. Senator Hansen. [LR165]

SENATOR HANSEN: Thank you, Kim. Thank you for sharing your story with us. It's certainly not a mournful story except for the outcome...where you're at now. How do we get the word out to 12-year-old girls that go through this? Isn't that where the system should have started? [LR165]

KIM CARPENTER: Yes, and I'm not quite sure what would have made me actually talk to someone other than my friends. I knew almost instinctively not to tell. How I knew that--I wasn't threatened--I felt a shame almost immediately. So I don't know whether that's more culture than, you know, not having the word out or knowing where the resources are. But I think it's probably a combination of both. [LR165]

SENATOR HANSEN: Do you think the school system is different now than it was when you were 12 years old... [LR165]

KIM CARPENTER: I hope so. (Laugh) [LR165]

SENATOR HANSEN: ...to take care of some of those...well, shouldn't that be where we

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should be looking for some advice or help? [LR165]

KIM CARPENTER: Yes, definitely. They should definitely be included in that type of service. [LR165]

SENATOR HANSEN: Were you still going to school at that time? I mean... [LR165]

KIM CARPENTER: Yes. [LR165]

SENATOR HANSEN: ...you were attending school daily? [LR165]

KIM CARPENTER: I didn't drop out of school until...I dropped out of college. It took me 25 years, I finally got my degree, but...yeah. (Laugh) [LR165]

SENATOR HANSEN: Congratulations. Thank you. [LR165]

KIM CARPENTER: Um-hum. Thank you. Anyone else? [LR165]

SENATOR JOHNSON: Any other...yeah, Senator Gay. [LR165]

SENATOR GAY: Kim, thanks for coming and testifying. When...I guess...is a long journey for you, but when and who was the most beneficial--I know many people probably were--but where was the contact that you thought...you know, we heard YMCA, Heartland...who was your...that just went above and beyond? [LR165]

KIM CARPENTER: I think probably the most important contact that I had was people like me. And it wasn't as easy to find as you would think. The support groups that are out there...I did attend traditional twelve-step groups for my addiction, but that did not respond to any sort of trauma whatsoever. Actually it was...it could be kind of a dangerous situation in some of those rooms. But I was able to find some women within

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that community and that fellowship that I could connect with. And from there I just met more and more people. But that was probably the thing that made the most difference was other women. [LR165]

SENATOR GAY: Okay. Thank you. [LR165]

SENATOR JOHNSON: Great. Thank you. [LR165]

KIM CARPENTER: Okay. Thank you. [LR165]

SENATOR JOHNSON: Next on my list I have Erin Ching. [LR165]

ERIN CHING: Good morning, Senators. [LR165]

SENATOR JOHNSON: Good morning, Erin. [LR165]

ERIN CHING: All right. My name is Erin Ching, that's E-r-i-n C-h-i-n-g. And I'm a staff attorney at Nebraska Appleseed. And I will be talking to you this morning about the connection between domestic violence and poverty and public benefits programs. Domestic violence and poverty are closely linked: 38 percent of all domestic violence victims become homeless at some point. Over 6,000 of the 10,000 Nebraska households receiving TANF have experienced intimate partner violence. Although domestic violence is an issue that crosses socioeconomic borders, the financial burden of beginning a new life is a problem that hits low-income mothers especially hard. Many victims stay with abusers primarily because they cannot afford to leave. In order to survive independently, women must find a way to pay for housing, childcare, utilities, food, transportation, and medical care. In Lancaster County this adds up to \$34,000 per year, which is more than \$16 an hour at a full-time job, just to meet those basic needs. Women in poverty must have access to public benefits in order to be able to escape intimate partner abuse. And first I'd like to thank the Senators: you've made some

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changes in recent years that have really helped with this. One of these is the Family Violence Option. In the ADC program, participants are required to participate in a work requirement, and they're also time-limited to 60 months. And the family violence option requires the caseworkers at HHS to screen for domestic violence. And if applicants have experienced intimate family violence, the caseworker can grant an exemption from the time limits for up to six months, and can also grant an exemption from the work requirements for up to six months if the work requirements would make it more difficult to escape abuse. So we'd like to thank you for that. Another positive change is the creation of the good cause waiver. Normally families receiving public assistance must cooperate with child support enforcement. However, if the mother requests child support from the father, he may ask for visitation or custody rights, and this can obviously be a very dangerous situation if the father is abusive. In response to this problem, Nebraska has enacted the good cause waiver. The waiver allows families that have experienced domestic violence to receive welfare assistance without trying to get child-support payments. And this protects the safety of victims and children. While these programs represent positive change, more can be done. Laws that protect victims if they are used by HHS caseworkers every time. We've heard many reports of caseworkers failing to provide the mandatory screen for domestic violence. If the caseworker does not know that the applicant is experiencing domestic violence, then the caseworker will not offer the victim the work exemption, the time limit exemption, or the good cause waiver. So we would strongly recommend better training for HHS caseworkers about domestic violence issues. Housing is the single biggest problem for domestic violence victims as far as finding this financial supports. If housing was affordable and immediately available it would be much easier for many victims to escape their abusers. Public housing authorities are required by the Violence Against Women Act to provide certain protections for victims. Normally housing authorities can evict entire families or deny admission if one member of the household has committed a violent crime. This is a big problem in the case of intimate family violence. When the violent crime is perpetrated by one family member, normally the father, against another, in these instances, VAWA forbids housing authorities from punishing the non-abuser members of the household by

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evicting them, terminating vouchers, or denying them admission based on this abuse. Nebraska should ensure that all public housing authorities across the state have complied with these mandatory provisions by making necessary changes in their lease, admissions policy, and termination policy. Another step, which isn't required, but is encouraged by VAWA, is creating a preference for domestic violence victims in the public housing admissions process. Many housing authorities have long waiting lists. If victims have to wait months or years to get a spot in public housing, they may not be able to leave their dangerous situation, or they may become temporarily homeless. VAWA permits housing authorities to rush people experiencing domestic violence to the front of this waiting list. This would be a tremendous help to victims who are seeking to escape and need an affordable and available place to live. One final problem I'd like to discuss regarding the financial stability of domestic violence victims is something that's come to our attention through the Child Welfare System Accountability Project. We've heard reports of women who are charged with child abuse and neglect on failure to protect grounds, even if the violence was perpetrated by the father and directed exclusively towards the mother, and not the children. When Health and Human Services investigates allegations of child abuse, the mother can be put on the central register as a suspected child abuser, even if she herself was the victim. People can be put on this register even if they are not adjudicated, in the end, to be abusers. The economic problem arises for the victim when prospective employers do a background check and find out the woman is on the central register for suspected child abuse. Even though she was... [LR165]

SENATOR JOHNSON: Yeah, could you summarize a little bit better? We have kind of a rule around here and we enforce it against groups, or representative of groups such that the one that you represent. If somebody comes in from North Platte or something like that, that's one thing, but we don't like to have people come and read five pages to us. So if you would summarize what you want to say, it's really...would very helpful and the biggest thing, see, is what I mentioned before, is, you know, at noon, that person isn't going to get to read his five pages. So, if you would, we'd appreciate it. [LR165]

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ERIN CHING: Sure. Yeah. And I apologize for taking too much time. I was just about to finish, but I can stop. We would just appreciate better training for HHS caseworkers, a look at the central register, and a look at the housing, the public housing admissions process. Thank you. [LR165]

SENATOR JOHNSON: I'm sorry to... [LR165]

ERIN CHING: No, that's fine, that's...I understand. [LR165]

SENATOR JOHNSON: ...be a little rough on you. But I do want everybody to understand that if we're going to be nice to the people late in the morning, why, particularly those of you representing groups such as yours, if you would confine and make your remarks more concise. Thank you. Any questions? Senator Gay. [LR165]

SENATOR GAY: Thank you, Senator Johnson. I agree with Senator Johnson, because lots of times those...that information, if you could get that to my office, or our offices, it's...you cover a lot there. I'm writing, writing. But I'd like to see some more on those programs you had. [LR165]

ERIN CHING: Sure. [LR165]

SENATOR GAY: Would those initiate, I assume, somewhat in Judiciary as well? [LR165]

ERIN CHING: I'm sorry, what was that? [LR165]

SENATOR GAY: Would those be a Judiciary Committee problem? [LR165]

ERIN CHING: Possibly. [LR165]

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SENATOR GAY: Anyway...but if we need to work together on that. But if you could summarize that and give it to our offices that would be helpful as well. Thank you. [LR165]

ERIN CHING: Sure, absolutely. Yep. Thank you. [LR165]

SENATOR JOHNSON: Thank you. Okay. Now that I've been the bad guy for the morning... (laughter) but again, we really trying to respect everybody throughout the day. Doug McDaniel, are you here? Not afraid to show up or anything. (Laughter) Okay. All right. And then Dawn Parriott. Welcome, Dawn. [LR165]

DAWN PARRIOTT: Good morning, thank you. I was asked by the Coalition to come up, I'm from Project Response and my name is Dawn Parriott, D-a-w-n P-a-r-r-i-o-t-t. I was asked actually to speak on the changing needs of the victims that we see on a daily basis. And so I will try to summarize, quickly... [LR165]

SENATOR JOHNSON: Okay. I'm sure you'll do fine. [LR165]

DAWN PARRIOTT: ...so that we can move on. But the first topic that I want to talk about is the housing issues. Since I'm from Auburn we have very limited low-income housing, limited housing just in the civic areas of our population. And then when someone does find housing, and they come to us requesting financial aid because a lot of times when they've been with their perpetrator they haven't been allowed to work, or if they have worked they haven't been able to keep their paycheck. So when they flee from their abusive situation they have no money. So when they come to us asking for \$2,000 for rent, deposits, utilities, utility deposits, any other hookups that they may need to be successful in leaving their situation, \$2,000 is a lot of money. And with our agency we're lucky if we can help with up to \$3,000 (sic). So that still leaves \$1,700 left for that person to come up with. We have other agencies in our area who assist, but oftentimes

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they can't help with as much as we can help with it, with the situation, because if they have other factors to consider as well. So when a lot of times when they can't figure out ways to get other housing then they have to possibly go back to their perpetrator, because they can't, they just can't make it. When they do get into the housing, then we do work with budgeting so that they can be successful in fleeing from their partner. And they don't have to go back to the next month after we've helped them get into the first month and feel like a failure and go back into an abusive situation that possibly could end their life and the life of their child. Employment: we have a lack of employment in our area and I think a lack of employment throughout the whole state. If they do get employment then it may be that it's not going to be enough in wages to make ends meet, and so then they're going to constantly ask for more assistance, which we're not saying that we're not going to help. But we want to see them be successful in their new life and become empowered. Then we have drug addiction and mental health problems. We have an epidemic of drug problems in our area, an epidemic of mental health issues that are occurring in our area. It's nothing for someone to come into our shelter saying that they are diagnosed with some type of mental illness or that they are a user, which we don't turn them away, we give them the help that they deserve and that they request. We did have one client who came in, she didn't disclose any of that type of information to us. We discovered that she was using in our facility, so we approached her and she said that she didn't want our help and later on that night she left. We continued to make contact with her, but she's nowhere for us to find her. We had another gal who came in, she was fleeing her partner and she had this big, huge purse, and she...as we're talking with her, taking in some information, she pulls out this huge knife, this seven-inch knife. And she goes, well, here, I think you might need this. If I'm going to be safe I don't think I need to carry this with me any more. And we said, yes, you are safe with us. And we will take this. Okay. And if you ever want to leave then we can give it back to you if you feel like you need it. So we did...we put her into our shelter and she was in there for a couple of weeks and during that couple of weeks we kept having to take her to the emergency room, because she kept having heart problems. So after about the third time that we took her to the hospital, one of the doctors pulled us over side and he said, I

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don't think she's got a heart problem, she's got an addiction to prescription drugs. So we confronted her about it and she said no, that I don't have a problem with that, it's truly my heart. So we said, well, if you feel like you have a problem, then, you know, just talk to us and we'll see what we can do to help you get through this situation. Well, she later opted to leave our facility. She thanked us for giving her support and everything, and we turned back over her knife to her, because that was her safety mechanism. And sadly to say that a couple of months later she was found dead in her house, because of an overdose, not because of her perpetrator, but because of an overdose. So we truly feel that drug addiction is definitely an epidemic in our area. We have different programs that have been established in our area to combat this issue. We have limited counsellors in our area. And so then when we have people that come in and they need counselling, then we always have an issue of having to wait two or three months because of limited counselors and the demand of counselors. And then lastly I'd like to talk about the legal issues that we have. And coming from a small area, and very limited lawyers in our area, we have an issue of conflict of interest. Where the perpetrator has exhausted the whole entire lineup of lawyers in our area. So then when we refer them to legal services, then we often have a time crunch where she doesn't have enough time to wait for an attorney to be contacted for her by the legal services, and then a lot of times when they do get an attorney, it's from our area, and then once again we are faced with a conflict of interest. So having those hurdles, they may not be big, but in her eyes and her mind they are very large. And if one of them crumbles, then that could be the factor that she may go back to her partner, because it just may be easier. So in every situation we always promise her that we will be there no matter what, even if she does go back, if she goes back seven times, we will constantly be there for her. And even if she's with her partner and if she needs to talk and needs support we will be here. Thank you. [LR165]

SENATOR JOHNSON: Great. Thank you. Any questions? Senator Stuthman. [LR165]

SENATOR STUTHMAN: Dawn. [LR165]

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DAWN PARRIOTT: Yes. [LR165]

SENATOR STUTHMAN: Do you...thanks for those comments about the low-rent housing and stuff like that. If you got employment problems down there we can use a bunch of people up in Columbus. We're about 500 people short right now. (Laughter) But the situation that I want to refer to is the fact of we've got low-rent housing there and a lot of single mothers live in there, but they can only earn up to so many dollars a week and they would like to work more but then their rent goes up five dollars more than what their pay is. That is a situation that I would like to take a look at sometime, also, because that happens. [LR165]

DAWN PARRIOTT: And we agree. We agree because you know we want them to become self-sufficient and get a job and everything, but then when they start doing good at their job and started getting raises then their income gets jacked up and their rent gets jacked up. [LR165]

SENATOR STUTHMAN: The rent is accordingly...so there's really no incentive there to try to improve themselves, and that's the thing that we've got to try to give these young people, you know, an opportunity to better themselves. Either get an education so they can get a higher-paying job, that's when we'll get people out of this routine. [LR165]

DAWN PARRIOTT: And you know, we're all about empowerment, and when, you know, these factors continually strike them down it's hard to remain confident. [LR165]

SENATOR STUTHMAN: Thank you. [LR165]

DAWN PARRIOTT: Thank you. [LR165]

SENATOR JOHNSON: Thank you. Those disincentives is what I call them, and there's

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certainly ones regarding medications where that comes into play. So it seems to me that's one place where we could start doing a better job than what we are. Thank you very much. [LR165]

DAWN PARRIOTT: Thank you. [LR165]

SENATOR JOHNSON: Next I have Pam Perry. Welcome, Pam. [LR165]

PAM PERRY: Good morning, Senators. [LR165]

SENATOR JOHNSON: Good morning to you. [LR165]

PAM PERRY: Pam Perry, P-e-r-r-y, executive director of Nebraska Domestic Violence Sexual Assault Coalition, and in light of the time I will make my remarks brief. But what I would like to do is just briefly summarize where we're at with program funding, how the programs are funded, mention a couple of our biggest challenges related to that funding, and then offer a couple of ideas about where we might go from here. I think first of all it's become painfully obvious from listening to people this morning that there's a lot that we need to do yet just to provide services to meet the needs of the victims that are already suffering here in Nebraska. I think it's also become obvious that we need to do something seriously different to make a statewide, concerted effort at prevention. Right now the programs are funded, and some of this is in your packet so you can look at the detail, but programs are funded with a combination of state, federal, and private funding. We have some great local partnerships with private funding sources. But the domestic violence/sexual assault appropriation from the state does amount to about 12 percent of the total service cost. So right now programs are reliant on federal funding for over 40 percent of the cost of services. The biggest problem with this is that...first of all the federal funding sources are less stable. We have some programs right now that are in jeopardy: shelter services, 24-hour shelter care, advocacy services that may be in jeopardy because of changes in federal grant eligibility requirements. We also have

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grants that increasingly come with requirements for us to make changes in our state laws and policies. So for instance, I'm sure you're all familiar with the changes that we will need to be making in our sex offender registry to be able to comply in order to receive some federal grant funds. And the same is true for some new requirements that are coming down in relation to HIV testing of alleged offenders. Last year we had some polygraph legislation that we proposed, you know, obviously something that was very good for victims, but wouldn't have been a top priority for us probably, if it would not have been that we had federal funds that were in jeopardy if we did not have that polygraph legislation in place. So what we would like to see done is to rebalance our funding so that it is more diversified and more stable and also enhanced, of course. But to look at a split that is more balanced, so perhaps 30 percent state funds and then a split of federal of private funds would show 30 percent federal funds, which would be less and then keeping the private funding at at least a 40 percent level, which is where it is at currently. This would mean that our state domestic violence/sexual assault appropriation would go from \$1.3 million to about \$4 million. Which, as you heard, I believe, in Senator McGill's testimony, that would be equivalent to possibly the lifetime costs of two victims. Also it is just a fraction of even just the medical costs. In one of the sheets that you'll find in your packet it shows that in Nebraska in one year just the medical costs alone are over \$100 million. And that's a very low-end estimate. That doesn't include lab work and surgeries and that kind of thing. So...and in that, I guess another thing that I am really proud of when I look at our programs is that for every dollar that's been invested by the state the programs have been able to come up with \$8.50 in alternate funding. So they're leveraging funding to really maximize the investment that the state is making in them. One other fact I'll throw out there that I think is really important to know, to know that we're being responsible with our money: is that the national survey that was done on violence against women said that for every dollar invested--and they were looking at federal funds--but for every federal dollar invested, that saved \$10 in some of the kinds of costs that you heard about this morning with ongoing, you know, maybe alcohol addiction recovery treatment for instance. So, you know, I think...you know, sometimes when we're looking at prevention,

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early-intervention services we feel a little bit insecure that, you know, are we really going to make a difference? And I think it's obvious from the research that has been done that it will make a substantial difference in savings to our state, and obviously a substantial difference in lives. So that is, I guess, what I would like to leave us with, is a challenge to begin to look at ways that we can enhance our funding, specifically for these program services. In large part, to really look at some serious prevention. And then to look at that early intervention. I think some of you had asked questions about, so that we can try to prevent that downward spiral and that lifetime care that might be needed for someone that doesn't get that early care that they need. [LR165]

SENATOR JOHNSON: Okay. Thank you. Any questions? I see none. [LR165]

PAM PERRY: I didn't really shorten it, going off my script. Sorry about that. (Laughter) [LR165]

SENATOR JOHNSON: Well, we did pretty well. We've been at it about an hour and that's what we were trying to do. So. Thank you. [LR165]

PAM PERRY: Okay. [LR165]

SENATOR JOHNSON: SENATOR MCGILL [LR165]

SENATOR MCGILL: I'll just take one minute. [LR165]

SENATOR JOHNSON: You bet. [LR165]

SENATOR MCGILL: I'd like to thank you all for hearing some of the information that we presented today. I know one thing that Pam and I had talked about before that we didn't quite discuss was the importance of getting into schools and making sure that programs are getting in there and teaching kids the good-touch/bad-touch and just being willing to

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come forward. And that's one of those preventative or early sorts of things that you can do to make sure that these women and families are being reached at a better time. So maybe that's one direction we could really be focusing on using our money to make sure that we're funding people to get into the schools and help them at that level. About two weeks ago I had the pleasure of visiting one of the shelters here in Lincoln. It's 24-hours security the whole time, but there's staff there 24-7. And seeing the benefits of having that...they have a waiting list of like 40 women trying to get in there. I mean the need is there. When I was a reporter I would go in every day to the Lincoln Police Department and look at the list of calls that they get over night, various police calls and to houses. You'd be amazed at how many are domestic violence cases. I was shocked...that the need is definitely out there to get more services to these women and to make sure a shelter like that stays open. Pam mentioned that, you know, some of the federal requirements are changing. And one of them that's affecting them is one their grants, it's for a rural state, well the federal government is changing the definition of rural. And Nebraska is not going to fit in as a rural state anymore, because we have a population hub. We have a city that has, I think it's over 200,000 people, and that now is going to rule out Nebraska, because of Omaha, as being a rural state. Which seems crazy to me, but, I mean, that's the kind of challenges they're facing. And that shelter may no longer be able to have the 24-hour service of having somebody up and there to help the women. Those are some of the challenges they're facing right now, and I hope that you'll look over everything and maybe we can find some ways that we can tweak and help these women. Thank you. [LR165]

SENATOR JOHNSON: You bet. Thank you. And we did do pretty well with that. That concludes LR165, Senator Synowiecki can we stand up and stretch our legs before you start? This is LR162, Senator Synowiecki, welcome. [LR165 LR162]

SENATOR SYNOWIECKI: Hi. Senator Johnson, Mr. Chairman and members of the committee. (Laugh) Senator Stuthman, good morning. For the record...excuse me (laugh)... [LR162]

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SENATOR JOHNSON: Well we need a little bit of humor here this morning after listening about our first piece of legislation. Why, it just made me think Nebraska the good life, maybe we ought to put a question mark after that. [LR162]

SENATOR SYNOWIECKI: Senator Johnson, I heard some of that testimony, I thought it was quite compelling myself. I am John Synowiecki, I represent District 7. And let me first genuinely thank the chairman of the committee, members of the Health and Human Services Committee for taking up this matter. It's a very, very important matter. It took a large amount of our time, quite frankly, during the budget, mainline budget bill process last year. If you'll recall, there was an amendment to successfully amend additional funds for the Eastern Nebraska Office on Aging. And I thought there was some compelling arguments during the floor debate and whatnot and...but I also think that, generally speaking, there was a lack of education for the members of the Legislature on exactly, you know, what the needs were. And I think members, for the most part, couldn't wrap their brains around what is the demonstrated need in this area. While the amendment was successful, the Governor did veto the funds, and the veto was sustained. Now I have been told that subsequent to that sustained veto that in the Eastern Nebraska Office on Aging office that the program, some programs were placed on hold. That some programs were suspended, including the Meals on Wheels. But the Eastern Nebraska Office on Aging, in working with the department, had received some financial guarantees, if you will, some additional funding was found and so forth. And the programs were reengaged for the current fiscal year, is my understanding. And there will be individuals testifying after me that could confirm this information, obviously. Just as you, I very much look forward to hearing the testimony from the stakeholders in this area, from all eight Area Agencies on Aging from throughout our state. I particularly look forward, members, to the testimony on what the needs are going to be. I think with the changing age demographic in our state, I think you're going to find that these needs are escalating. And, you know, I don't know what the response is going to be, but I think that this is a good beginning with this interim study to have a conscientious effort to look

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at this issue. Myself, not being a member of your committee but being a member of the Appropriations Committee, I can serve as a conduit. If your committee determines or can wrap what you think the needs are in this area and if we need additional funding, I'd most certainly, most certainly be willing to be the point person on the Appropriations Committee to bring this issue to them. With that, I'll stop and let the stakeholders and constituents of these services provide some testimony and some evidence to the committee. [LR162]

SENATOR JOHNSON: Any questions of Senator? Yes, Senator Hansen. [LR162]

SENATOR HANSEN: Senator Synowiecki, is this, I know the interim hearing is to deal only with the eastern area, but do other areas have the same concerns? [LR162]

SENATOR SYNOWIECKI: Senator Hansen, I think they do. I think the Lincoln Area Aging Office is looking at some considerable cuts with their new budget coming out. I think you will hear testimony from other area offices on aging, and they'll provide the committee with some testimony as well, is my belief. [LR162]

SENATOR JOHNSON: I see people in the audience from elsewhere, so I think that that will be the case. [LR162]

SENATOR SYNOWIECKI: Yeah, I don't think the resolution is...Senator Hansen, the successful amendment for additional funds was specific to eastern Nebraska, the interim study looks at the general landscape throughout the state. [LR162]

SENATOR HANSEN: Yeah, I understand that now. [LR162]

SENATOR JOHNSON: Senator Gay. [LR162]

SENATOR GAY: John, I'm not really going to ask you a question, but for people that are

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going to testify, I know there are, you know...we come from the metro area. And it's a different kind of operation going on there than it would be in a rural...but I guess as we look at these things in the future, I'm kind of convinced that we need more...as much as you can with government...we could do something different than maybe they do in North Platte. Everyone is unique...than what they're doing in Columbus or Kearney. But to create more opportunities of more individualized programs, because sometimes you're talking Meals on Wheels in a metro area is going to be different than maybe a program out in the, you know, rural Nebraska. So as everyone's kind of thinking about these issues, I think the flexibility of these programs is what we need to look at a little bit. How can they make a dollar go further in Columbus than they can in Papillion, you know? Or whatever, Papillion is different than what's going on. So I think we all need to keep that in focus. And if anyone has any ideas or comments on how to do that, I'd like to hear that. Thank you. [LR162]

SENATOR JOHNSON: Great. Okay. Anything else? [LR162]

SENATOR SYNOWIECKI: Thank you. Thank you, Mr. Chairman. [LR162]

SENATOR JOHNSON: You bet. Thank you, Senator Synowiecki. Well, let's go here...and is Dr. Jane Potter here? [LR162]

DR. JANE POTTER: Yes I am. Hi, Senator. [LR162]

SENATOR JOHNSON: Thank you. Great. It says here, "needs to leave early," so we'll get you up first. Welcome. [LR162]

DR. JANE POTTER: No, I'm happy to be here as long as is necessary. So the name is Jane Potter, P-o-t-t-e-r, and I'm a full-time...I'm a physician full-time employee of the University of Nebraska Medical Center. And I would like to go on record that I'm on annual leave today, (laughter) and specifically not speaking on behalf of the University

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of Nebraska Medical Center. Gentlemen, I have four points I'd like to make. First, I want to tell you who I am. Second, why I'm here. Third, why I value the area agencies on aging. And then finally, what I think you...that I think you have a tough job, but a very important one. I am...I came back to Nebraska in 1982 as the first fellowship-trained geriatrician of the state of Nebraska. We specialize in care of people over the age of 65. I have for the last 25 years headed the education program in geriatrics at the University of Nebraska Medical Center. And I've also been fortunate to be engaged at a national level in a series of volunteer positions in organizations, most recently as president of the American Geriatric Society, so the largest professional organization that promotes education, research, and care for older Americans. [LR162]

SENATOR JOHNSON: And a very prestigious organization. [LR162]

DR. JANE POTTER: It's a good group. And when...finally who I am, when I think about myself I see myself as a teacher: a teacher for medical students, for nursing, physical therapists, PAs, MPs, etcetera. So why am I here? Well, I...one of my very first volunteer positions was actually on the advisory board for the Eastern Nebraska Office on Aging. That was from 1982 to 1985. It was a wonderful education, and I've come to understand and appreciate the programs and services. Secondly, why I am here is the average age of my patients is over 80 and they are by and large frail and disabled older individuals. Third is in my 25 years in looking at the information that's available in terms of what we can do to keep older people functional and independent as well as in my day-to-day practice in working with older people, it's very clear that community-based and home-care services are one of the most important things that we need in order to ensure the independence of the older individuals. My role, and what I do lots of Friday mornings, actually, is I counsel patients and families with complex health problems about the importance of accepting home- and community-based services. Okay. So my third point, why do I value the Area Agencies on Aging? Well, I believe, and there's data to support this, that if we want to keep older people independent, we need to provide...keep them independent, in their homes longer, more safely, and with better

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quality of life, it's really these community and home services that are critical. I value the area agencies because I teach my students that more than any specific health concern...health problem that a older person has...it's really their social supports that's really critical in terms of the quality of their life and what...the longevity of their life and how they're going to do into the future. I lecture medical students, residents, and fellows, every month and I tell them that they need to be aware, no matter where they practice in America, they need to know where is their Area Agency on Aging. And when I tell them in eastern Nebraska the telephone number that you need is 444-6444, I think I convince them of the importance of the area agencies in health care for older individuals. Now we train our medical students, nurses, physical therapists, and the great cadre...we train these people in acute-care hospitals, where by and large they have a social worker in their back pocket. Most health care for older Americans does not occur in an acute-care hospitals, it occurs in our communities, and that's why they need to be aware of the area agencies. And in a busy medical practice, you don't have time to sit and counsel families, but if you can give them the number of their Area Agency on Aging, that is the single most important resource that they have to access information and referral, to access respite, home-care services, meals, handyman services, etcetera. And then finally, my final point is: why do I think you have a difficult and important job is that the states really have a great latitude in what we can provide at the Area Agencies on Aging. It's a well-studied process. We know what programs are important and they work just as well in Valentine as they work in Omaha. But you have the latitude to decide which of these programs are going to be funded. You are charged with our public funds. I'm a taxpayer and I think it's important to me that you get the biggest bang for our buck. One of the challenges has already been mentioned. We have an increasingly greater proportion of the population over the age of 65. Between 2000 and 2040, older Americans increasing from 35 to over 70 million, in the state of Nebraska we're from just under 15 to just over 17 percent of the population statewide. In many of our rural counties we've had 20 and 25 percent of the population over the age of 65. So the needs are growing. If I were to sit in your chairs today, which I'm glad I don't, I would challenge the Area Agencies on Aging to show us their worth and help us

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plan for the coming age boom. This will, of course, require that their programs are supported and that they're allowed to grow incrementally and in a responsible way. So in just in summary: I want to thank you for the opportunity to present my perspective. I've described myself as a native whose entire career has been devoted to care for persons over the age of 65, the greatest generations of Americans. I'm here because home- and community-based services are really key to this population, in keeping them in their homes. I value the AAAs because they are the go-to resource in our community in providing community-based care. With your difficult job of seeing to cost-effective services for the growing older population, the AAAs are your most important partner. You can rely on them as I do in my day-to-day practice. And as time allows I'd be pleased to entertain any questions. [LR162]

SENATOR JOHNSON: Great. Senator Hansen. [LR162]

SENATOR HANSEN: Thank you. Dr. Potter, every night Dave Letterman has a top ten list, but I'd like to hear from you the top three reasons why seniors have to leave their home and either go into nursing or assisted living. [LR162]

DR. JANE POTTER: It's a failure of social support. It is a failure of being referred in a timely fashion to in-home services. And then finally it's the economic resources as their needs increase. [LR162]

SENATOR HANSEN: Do families come into that at all? [LR162]

DR. JANE POTTER: Very much. [LR162]

SENATOR HANSEN: I mean, that's not a good topic, but some families decide not to care for their elderly. [LR162]

DR. JANE POTTER: Oh, and for every...the data is actually very explicit, for every dollar

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of support that people get from non-families, the families are kicking in \$3 to \$5. So it's the...if you look at the time of care...so the families are doing any...a lion share. And one of the nice things about these programs is that they're not free programs. Maybe there's a few things that are free. But by and large, people are actually, you know...and it's either the older person themselves or very frequently families that are paying the copayments to provide services. So families are there, they're providing care. It's just when the older individuals' needs exceed what families can provide directly that they go to community-based care. [LR162]

SENATOR HANSEN: I think I must not have asked the question right, because I see families that get a hold of attorneys that do estate planning, make sure that the folks have no money, that they go to the nursing home and the state picks up the ticket. And they don't want to do anything, the younger family members. That's a sad situation but it's not all that uncommon. [LR162]

DR. JANE POTTER: I am aware that that can and sometimes does occur. I think that that's fortunately for all of the states and for the nation, that is the minority of situations. By and large people are providing care out of their own pockets in support of their older relatives. And older people themselves have a great deal of pride in, you know, being able to pay for their...pay their own way and not to be a burden on their children. [LR162]

SENATOR HANSEN: Thank you. [LR162]

SENATOR JOHNSON: Senator Gay. [LR162]

SENATOR GAY: Comment: Senator Hansen mentioned too, I'm afraid that if we don't do something we will create this entitlement program. Like we'll...I'll just, you know, I want to get rid of everything, then someone will take care of me. I don't think we're there yet. But if we don't do something maybe we're going to go there. This week I did sit

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down with Region VI aging, we talked about waivers, you know, some of the waivers for community-based and home-based services...very interesting and I'd urge anyone to do that. But some of the things they said, you know, people wait and wait and wait and they don't want to say anything, because they don't want to be pulled out of their house, they're afraid to go to a nursing home. But we had talked about technology and maybe some tax incentives or something to allow people to buy and help mom and dad stay in that home. But the question, I guess, the long and short of it: where do you think we're going, technology-wise, that will allow people to stay in their homes longer, be monitored from an off-site location? Where are we going with there and how far are we from that working? I mean, it works now, but... [LR162]

DR. JANE POTTER: Right. Right. Right. Okay. No, I think that even the Lifeline...you're familiar with Lifeline? [LR162]

SENATOR GAY: Yes. And more...you know, where they check your blood pressure, you can pretty much interact. [LR162]

DR. JANE POTTER: Yeah. No, there's...one of the programs that is supported by some of the areas, perhaps all of the Area Agencies on Aging is the thing called Lifeline, where people wear a little device around their neck, and if they get into trouble, like on the floor, they push the button. [LR162]

SENATOR GAY: More advanced than that, where they're monitoring your systems... [LR162]

DR. JANE POTTER: But the problem right now, I think, is that there's a...last I checked, when I tried to refer a patient, there was a waiting list in eastern Nebraska for the Lifeline services. So I think the technology is wonderful and...but we, as in many things in medicine as well as in technology, we better use the things that are available to us first, and make those things... [LR162]

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SENATOR GAY: Today. [LR162]

DR. JANE POTTER: ...yeah, to look forward. And there are some very interesting things, for example: telemedicine, which is another interest area of ours. Yeah. [LR162]

SENATOR JOHNSON: Okay. Any other questions? Dr. Potter, thank you very much. [LR162]

DR. JANE POTTER Thank you very much. [LR162]

SENATOR JOHNSON Next I have Connie Cooper. Connie, good morning. [LR162]

CONNIE COOPER: (Exhibit 1) Good morning. How are you, Senator? [LR162]

SENATOR JOHNSON: Great. Welcome. That young lady will be glad to help you out. [LR162]

CONNIE COOPER: Great. Just a little reading material for you...I'll wait till you get it all. [LR162]

SENATOR JOHNSON: No, go right ahead. [LR162]

CONNIE COOPER: Senator Johnson and members of the Health and Human Services Committee, my name is Connie Cooper and I'm the director of the Northeast Nebraska Area Agency on Aging in Norfolk. But I am here today on behalf of the eight Area Agencies on Aging in Nebraska, and at this time I'd like to ask the other directors to either stand or raise your hand to be recognized. Some of you already recognize some of them here. They are here to support me behind me. The Nebraska Area Agencies on Aging provide a comprehensive and coordinated service system for older adults. This is

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accomplished by working with the federal, state, local officials, older Nebraskans, their families and service providers. The state of Nebraska provides funding through two different programs: it's the Care Management Program and the Community Aging Services Act, also known as CASA. Each of you had been given a document, the blue document that's attached, that illustrates the efficiencies and effectiveness of the programs and services of the Area Agencies on Aging. Care Management assists the older adults in identifying unmet needs. There's a comprehensive assessment that's completed, a care plan developed, services are implemented with ongoing monitoring to ensure appropriate services are provided. The following data is derived from the Nebraska Aging Management Information System, which is administrated by the State Unit on Aging. This is a statewide composite for the fiscal year 2006 and it's more detailed for you on page 8 in your booklet. We have 7,428 clients in care management statewide. Of that total clients, 5,003 would be considered at risk of placement in a nursing facility or an assisted living, based on a frailty score of 3 or greater. The average monthly cost of services in Care Management per client, as implemented in the care plan is \$503. With the average cost of nursing facilities being \$2,805, the cost savings per month per client not residing in a nursing facilities is \$2,302. With the annual cost savings for the 5,003 clients, this is \$138,202,872. To state this again, the annual cost savings for the 5,003 clients that are not residing in a nursing facility, but receiving home- and community-based services is \$138,202,872. To look at this in Medicaid terms, with the 58/42 federal/state split, 42 percent of the \$138 million would be \$58 in General Fund savings. And again, this is more detailed for you in your booklet. Just as important as the care management are the home- and community-based services. And these are services such as the housekeeping, chore, personal care, respite, Lifeline, home-delivered meals, snow removal, and lawn care. These services can be paid through a variety of different funding sources, such as the Older Americans Act, block grant, Lifespan Respite, Disabled Persons and Families Support, and then CASA, which I talked about earlier. The Medicaid Waiver Program offers eligible persons a choice between entering a nursing facility or receiving home- and community-based services. Medicaid is used to fund the services. The average

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cost of Medicaid Waiver Services must not exceed the average cost to Medicaid for nursing facility services. Senior Care Options, which is a Nebraska legislative mandate, assures appropriate utilization of Medicaid long-term care services. However, in the state's endeavor with Medicaid reform, I would like to ask you to please consider that all persons entering a nursing facility be required to receive Choices information to make informed decisions of their care. Currently the information is only given to Medicaid-eligible persons. And again, additional information about these is included in pages 10 and 11 in your booklet. The following data was received from Health and Human Services, this is a statewide composite of information from the eight Area Agencies on Aging for the fiscal year 2006. For the Medicaid Waiver Program we have 2,416 average billable clients. The Medicaid Waiver cost per month, and this is the cost for services only, services such as the housekeeping, personal care, assisted living, home delivered--would be \$5,236,546. At an average monthly cost per client of \$2,167, at an average nursing facility cost of \$2,805, you take that times the number of clients; your average savings per month is \$1,540,334. At an annual savings, minus the Medicaid Waiver costs is again \$13,055,078. [LR162]

SENATOR JOHNSON: Ma'am, If I could interrupt you for one second. [LR162]

CONNIE COOPER: Sure. [LR162]

SENATOR JOHNSON: Would you give us rounded numbers? [LR162]

CONNIE COOPER: Sure. Thirteen million dollars...(laughter)...to illustrate actual case histories, and I think that's a lot of what some of the questions are, is...I'd like to talk about a couple of different clients that we have. And in your cream-colored pages that are kind of behind all of that, we're going to be talking a little bit about "Lillian," "Victor," and "Sylvia." Victor is the first one and I'm going to kind of summarize this. He had a quadruple bypass surgery, leaving him needing 24-hour per day assistance, and his wife could not care for him at that time. He had extended family members that were also

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willing to help. He was assessed for the Medicaid Waiver Program and met the functional criteria. His daughter put her life on hold to assist her parents and became a paid provider. In doing so they were able to provide services, and his budget was \$1,318 for the month of May. Because of his committed participation in cardiac rehab and his family's support during this time, he made great strides. They then cancelled the referral to the Assistive Technology project because he was doing so well, which then reduced his budget. Because he continued his rehab, they talked about closing it. And in April 2006 they closed the Medicaid Waiver Program for him and he was then placed on Case Management. His daughter provides 20 hours of care per week. The nursing facility, if you want to look at the cost comparison, is \$3,727. [LR162]

SENATOR JOHNSON: Rounded numbers, please. [LR162]

CONNIE COOPER: Three thousand, sorry. Waiver in-home was a little over \$1,000 and Care Management was \$700. So...Lillian also expressed...had some concerns with...she had some depression after her husband died. She was hospitalized for a short time and then placed in a nursing facility. After three months they recognized and she was ready to go home. However, the nursing facility had some objections to her going home. The staff...Lillian's family then contacted the Area Agency on Aging for discharge planning. The nursing facility then gained the support of her physician, who then contacted the agency and said he would not support her to go home. Once we explained to him about the Medicaid Waiver Program and the services and support that she would get at home, he agreed to the plan. With his support, along with the family and the Medicaid Waiver Program, her wish came true and she was able to get adult day care services through a different facility. And she was able to transition home. At that time she was able to receive services and did a fantastic job. In a short amount of time of May of 2007 then her physical condition progressed to the point where she no longer had...her needs could be met at home, and then went into an assisted living facility. And you can see the cost comparisons there. And then the last one was Sylvia, she had Parkinson's disease. She was alert but could not take care of herself. She

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needed hands-on personal care assistants as well as meal preparation and chore. Her husband had been taking care of her around the clock and he would not accept any other assistants. He wanted to take a vacation and upon her urging, he did so. When he came back and decided at that time that he could no longer take care of her, so she had to start looking at some other options. And she was not wanting to go into a nursing facility. She looked at several different options and what ended up happening is she's going to stay in an accessible apartment with her daughter, a building on the housing where they're self-employed and they are there the whole time. They will hire in-home services to assist them. So those are some of the different cases. We have a number of others that we can always be willing to share with you. At the Appropriations Committee hearing this year, the Association of Area Agencies on Aging asked for \$500,000 for Care Management and \$1.5 in CASA. The intent of the request for the Care Management funding was to illustrate there was a need for additional care managers in each of the AAAs at an approximate cost of \$50,000 annually. Because funding is distributed based on population over the age of 60, some of the AAAs would receive enough to hire an additional care manager and some would not. However, with additional CASA funding it could be used to supplement the care management. And all the area agencies could hire at least one new care manager. An additional 75 to 100 clients could be served in each of the agencies annually and statewide could be expected 600 to 800 additional. The request of the \$1.5 million in CASA would be used differently in each of the area agencies based on that service area. Home- and community-based services could be expanded to more people or maintained without creating waiting lists. And those are in-home services, again, like personal care, housekeeping, respite, snow removal, lawn care, transportation, senior centers and even help with the Medicare Part D program. This could provide services for an additional 400 to 600 adults. Recently the area agencies received information from Stateline.org about states shifting Medicaid spending from nursing facilities to home- and community-based services. The national average of Medicaid dollars used for home care is 37 percent. Oregon has the highest amount at 70 percent, and Nebraska is below the national average at 34 percent of Medicaid dollars being spent on home

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care. Census figures show that Nebraskans are reaching age 60 and older at a rate of 2.48 percent each of the last six years. Sorry. (Laugh) [LR162]

SENATOR JOHNSON: Ma'am, please, you're here representing the agency and that's why we're here this morning. But we do have a rule around here that if you get more than one page, why, we like people to summarize. You've been...I think you're on your fifth page. Now I'm going to let you finish because you're representing all of the area agencies. But the...don't mean to be hard on people, but this shows poor preparation on your part. And we can't call it anything else but that. So go ahead and finish. [LR162]

CONNIE COOPER: Excuse me, Senator. I'd just like to finish that the area agencies have worked very hard on the development of home- and community-based services. We are proud of our accomplishments. Investing in Care Management and CASA programs have proven to be effective in assuring appropriate uses of resources. It is through these programs that choices for long-term care services are offered. Funding must encourage home- and community-based services as the first option. And I thank you for your time today. If you have any questions I'd be glad to help you answer any those. [LR162]

SENATOR JOHNSON: Sorry to be hard on you, but you know we have to have some rules and respect the people that are coming after you. And you're ineffective by the type of presentation that you're giving. And so you actually hurt your agency, I think, by doing this. So...any questions? [LR162]

SENATOR HANSEN: I have a quick question. Thank you, Senator Johnson. In here in the blue and then in this handout here I don't see a funding...where do we find out the funding for the area aging offices? Or is it in here? [LR162]

CONNIE COOPER: There is some information... [LR162]

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SENATOR HANSEN: And your funding sources, that's what I would be interested in.  
[LR162]

CONNIE COOPER: From the state, as far as funding sources, it is on page--excuse me a minute while I look--it's on page four. Okay? [LR162]

SENATOR HANSEN: Okay. Thank you. That was...okay. I did appreciate the comparisons between what you spend when a senior is at home and what the nursing home...those are terribly expensive any more. And as long as we can keep them out, the better. So...appreciate this. [LR162]

SENATOR JOHNSON: Any other questions? And again, I'm sorry to be hard on you...  
[LR162]

CONNIE COOPER: Thank you. Nope. That's okay. [LR162]

SENATOR JOHNSON: ...but we outlined the rules when we started and we're going to try and stick by them at least a considerable extent. Now, Mark, (laughter) dare you come up? [LR162]

MARK INTERMILL: (Exhibit 2) I'll be brief. (Laughter) Thank you, Senator. My name is Mark Intermill, that last name is spelled I-n-t-e-r-m-i-l-l. I'm here representing AARP Nebraska. And just as an aside, prior to joining AARP I served as the administrator of the Division of Aging Services for the Department of Health and Human Services and have had an opportunity to work with the Area Agencies on Aging and seen the good work that they've done. What I want to just outline today is the evidence that I see that addresses the question of this hearing, and that's whether the Area Agencies on Aging have affected the health of older persons. There's some evidence that they have. And that's summarized in the box on the first page of my testimony. We see in things such as the employment rate of people over the age of 65 that Nebraska has the second

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highest employment rate, which indicates a population that is healthy and engaged in gainful employment. Eight percent of the people over 75 are employed in Nebraska, which again, the second highest rate in the nation. Nebraskans are engaged in volunteerism. According to the Corporation for National and Community Service, about 40 percent of Nebraskans over 65 are getting out into the community and helping out in programs that help others. We see persons with a disability, the latest census report that just came out recently showed that we have one of the lowest rates of disability for people over 65, ranking 46th. And also in senior center meals per capita...and the senior centers are places that are operated by Area Agencies on Aging where a person can go to get a meal, health promotion types of activities, and other services. And we rank fairly high, at 7th in terms of the participation in those programs in the state. Now there is some evidence that there are improvements that need to be made in the health of older persons. And that is in the rate of institutionalization of persons over 65 in general. There's a table on the second page that shows what the trend has been in terms of institutionalization in the state of Nebraska. And if this trend had gone before 1986 when it starts, you would have seen gradual increases up to that point. And then in the late 1980s it leveled off, and then beginning in the early 1990s it began to fall. And there were two things that happened in Area Agencies on Aging at both of those points that I believe contributed to that change. In the last 1980s we saw the implementation of the Care Management Program at the Area Agencies on Aging...1987 there was a law passed by the Legislature to authorize that. At the time I was engaged in managing that program. We were interested in seeing if it was effective in terms of reducing institutionalization. We did a study to look at the counties where there was a high degree of participation in the program compared to those that had a low participation rate and found that there was differences. There was a correlation between those counties that had high participation and a reduction in nursing home utilization, and then those that had lower participation continued on an upward trend. Then in the early 1990s we had the Medicaid Waiver transition from HHS staff to Area Agency on Aging staff. And that's where we began to see the decline in the numbers of nursing homes residents in the state. And as you can see from the age breakdown,

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that's across all age groups. Particularly the 85-plus age group is the one that's...we've seen a fairly dramatic decline in the number of people over 85 who have...who are living in nursing homes. So I think we've seen some impact of Area Agencies on Aging in terms of that one indicator that I see that does indicate that we're doing very well on in terms of health. I'd also point out on the third page, I think this is important in terms of the budgetary impact that this phenomena has taken. What this chart shows is the Medicaid spending on four different populations. And this is something that Medicaid reports on a regular basis: how much is spent on the aged, how much on the blind and disabled, how much on children, and then the ADC and related adults. Back in FY 1986 the aged were the highest portion...age group in terms of spending for Medicaid. And that continued until 1995; persons with disabilities caught up. The age went back ahead in 1996, but that was the last year that that took place. And then by FY 2006 Medicaid spending for children had exceeded that of persons over 65. And again, I think, going back to that previous chart where we see the decline in the rate of utilization, which nursing homes and prescription drugs are the two services most utilized by people over 65, I think that has some bearing on the way that this chart looks. Just to close: I would say that Area Agencies on Aging are effective. On the last page of the testimony there's some information from the Office of Management and Budget that indicates what they have found. They found the programs of the Area Agencies on Aging to be effective. And I think they can be a partner with the Legislature in the process of making sure that people are served in an effective and cost-efficient manner. And with that I would be prepared to answer any questions. [LR162]

SENATOR JOHNSON: Senator Hansen. [LR162]

SENATOR HANSEN: Thank you, Mark. What effect is the baby boomers going to do on this graph? I mean, we've got child services and we want to spend money on children, keep them safe and everything. But we've got an aging baby boomer group that if we'd have taken care of ourselves in the 1960s we might not have so many problems, but... [LR162]

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MARK INTERMILL: And I'm one of those, and I am going to turn 65 the year after the Medicare Trust Fund goes insolvent, (laughter) so I have some concerns in that area. But I think in terms of long-term care we do have some time. Long-term care for the aged is a phenomenon for people over the age of 80, and the baby boomers will begin turning 80 in about 2025. There's some evidence that baby boomers are going to bring more wealth to old age, that they may be healthier. So this may offset some of the Medicaid impacts that we would typically think that that might have. So I'm cautiously optimistic. [LR162]

SENATOR HANSEN: Thank you. [LR162]

SENATOR JOHNSON: Well, there's no question Nebraska has a big problem. It's over 50 counties now that have more people having funerals than babies. And so it is a widespread problem and, you know, an extremely important one we ought to be talking about there. So, any other questions? Senator Gay. [LR162]

SENATOR GAY: Just a quick one, Mark. This graph shows that--the way I'm reading it--we're going down nursing home, people going into nursing homes. Earlier though I talked about people, they want to stay at home, no one really wants to go to a nursing home. So they're staying at home, forgoing first of all, cost increased...but then they're saying, I don't want to go there, because once I go there I'm never coming back. The things that we're doing now though, if we don't take care of these people there are they...have you done any studies to say that if I don't get the money, here, I haven't taken care of my diabetes or I haven't done this...and now it escalates, now we have a huge problem, a huge cost, when it might have been a minimal? Is there are any studies out there that we could go check out? [LR162]

MARK INTERMILL: Prevention...the benefits of prevention... [LR162]

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SENATOR GAY: Yeah, have we done any studies in your knowledge? [LR162]

MARK INTERMILL: None off the top of my head. I can certainly look at that and be prepared to...yeah...be happy to do that. [LR162]

SENATOR GAY: If you see something, I'd be interested in finding out where it is. Okay. Thank you. [LR162]

SENATOR JOHNSON: Yeah, I think prevention is the key as we look to the future, we just have to do a lot better job with prevention so they don't require these services. And to this point and time we're going the wrong direction. Mark, anything else? [LR162]

MARK INTERMILL No, thanks. [LR162]

SENATOR JOHNSON Okay. Thank you. Lela Shanks. Good morning, Lela. Welcome. [LR162]

LELA SHANKS: (Exhibit 3) Good morning. Thank you. My name is Lela, L-e-l-a S-h-a-n-k-s. And I live in Lincoln and I do have a one-page prepared statement. [LR162]

SENATOR JOHNSON: (Laugh) Good for you. [LR162]

LELA SHANKS: But in view of some of the statements and questions that have been asked by the committee members, I feel that I should just speak extemporaneously to try to answer...to speak to some of the things that have been raised. My husband Hughes had Alzheimer's disease for 14 years, from 1984 to 1998, and I took care of him in our home. He died in my arms. There was very little help from the state, from the federal government, from anywhere. Fortunately, the Americans Disability Act had been passed. If I had sought the help, which would have meant that I could remain in our home, I wouldn't have to...if I had to put him in a facility, but I went back to work to pay

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for my husband's increased medical expenses. I didn't apply for or seek help from the state, the county, the city, the federal, or any agency. And I have to say that during those years of caring for him, I never met one caregiver who transferred her or his assets to avoid paying for their loved one's care. Now perhaps that's because I didn't know any people who had assets. (Laughter) So this idea that people are looking for a handout, I think, is something that's generated from somewhere else. And I would like to say that I came here because the one service that helped me in taking care of my husband at home was the weight-lifting program that the Lincoln Area Agency on Aging offered, because I knew that I wouldn't be able to keep my husband if I couldn't lift him. And I was much smaller than he and my generation of women thought that if you lifted you would hurt yourself internally. And so my husband always told me, however, that I could lift...I don't mean when he was into Alzheimer's, but as a younger person--we were married 50 years when he died--and as a younger person he had always told me you could lift if you knew how to use your body as leverage. Well, I never had to do anything like that. So I never considered it. But I wanted to take care of my husband at home. And I wanted to be independent. And I went back to work to pay for our increased expenses. It was the kind of work where I could put him in day care for a period of time and not have to be gone every day. So the Lincoln Area Agency on Aging helped me through their exercise program, helped me to be able to keep my husband in our home. And it also helped me to stay physically fit and well, and I'm now 80 and I'm still in our home. And Senator Hansen was out when I was speaking about the fact that I never, during the 14 years that I took care of my husband, who had Alzheimer's, at home, I never met a caregiver who wanted to get rid of their assets. All of the people who I knew wanted to take care of their person and be independent. And so I'm not sure...I think that the Lincoln Area Agency on Aging is valuable for so many reasons that have been mentioned, including cost-effectiveness. Though I'm not sure how many of us would want to put a price on the value of the lives of our old parents and grandparents. So I'd be happy...I know all about taking care of somebody and doing it without any financial help from anyone. And I would be happy to answer any questions, if anybody had any. [LR162]

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SENATOR JOHNSON: Any questions? Senator Stuthman. [LR162]

SENATOR STUTHMAN: Thank you, Senator Johnson. More of a comment: first of all I appreciate the fact that you took the responsibility for your husband, took care of him. And I truly think, you know, that I've always said that, you know, the Lord will help those that help themselves. And you're a true example of that. You've taken care of yourself, never depended upon anyone else. So, thank you. [LR162]

LELA SHANKS: Well, we're interdependent. I mean, we need each other, as far as that's concerned. [LR162]

SENATOR JOHNSON: You're a delightful witness...(laugh) testifier. I've got a question of you... [LR162]

LELA SHANKS: Sure. [LR162]

SENATOR JOHNSON: Who was Charles Atlas? [LR162]

LELA SHANKS: Well, he's that guy that's on all those pictures with all those big muscles. (Laughter) [LR162]

SENATOR JOHNSON: He started out as the 97-pound weakling. And he's really kind of the first weight-lifter of note for you younger people, and was extremely well-known maybe 40 years ago or so. And...at any rate, I knew you would know. [LR162]

LELA SHANKS: Yeah. [LR162]

SENATOR JOHNSON: Thank you very much for coming. I've enjoyed having you here. [LR162]

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LELA SHANKS: Well, thank you. [LR162]

SENATOR JOHNSON: Next, Mary Ann Borgeson. [LR162]

MARY ANN BORGESON: (Exhibit 4) I don't know, that's a tough act to follow there. [LR162]

SENATOR JOHNSON: Yeah, isn't that right? [LR162]

MARY ANN BORGESON: I think she pretty much said it all. (Laugh) [LR162]

SENATOR JOHNSON: Yes. Yeah. [LR162]

MARY ANN BORGESON: Good morning, Senator Johnson and members of the Legislature's Health and Human Services Committee. My name is Mary Ann Borgeson, B-o-r-g-e-s-o-n. I am the chairperson of the Eastern Nebraska Office on Aging, also known as ENOA, and chair of its governing board. Each year ENOA and its staff provide programs and services for more than 30,000 men and women age 60 and older in Douglas, Sarpy, Dodge, Cass, and Washington Counties. ENOA's service area includes roughly 32 percent of the state's over-age-60 residents. And in your packet, exhibit A shows you the map and the 60-plus population in each one of those counties that we serve, as well as exhibit A1 which is a flowchart of ENOA's organization. I am here today to provide information to supplement the Legislature's interim study on Nebraska Area Agencies on Aging, or the AAA network. I'd like to thank Senator John Synowiecki for requesting and implementing this important study and also thank Fiscal Analyst Liz Hruska who spent part of the day recently learning about the efficiency and effectiveness of ENOA and its dedicated staff. While the state finances the AAA's Case Management and Community Aging Services Act components, the eight agencies also provide a variety of other programs and services for frail older adults throughout

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Nebraska. And if you look at exhibit B, what we've provided for you is a matrix with across the top are all of the agencies and then the list going down the matrix are the services. And then we've had each Area Agency go through and mark what they provide and whether they provide it through direct services or contract services. And I think this is a very easy way to...when you look at this, to see what Area Agency is providing. And as you see, each agency provides a unique combination of services that meets the needs of the population that they're serving. So one size doesn't fit all, each one goes through a certain process to figure out what the needs of that population are. With the exception of Medicaid programs, ENOA does not charge state and federally funded programs for administrative costs. This allows the vast majority of the state's \$1.6 million allocation to the agency to be used directly for services, which leaves our administration cost at approximately 3 to 5 percent. I agree with Connie Cooper's earlier testimony regarding the importance of additional state funding for home- and community-based aging programs that save Nebraska's taxpayers millions of dollars each year. Perhaps the most visible of ENOA's in-home service is the home-delivered meal program. If you could look at exhibit C, you'll see on the third column over where it says TITLE III-C, at the bottom there you see a \$1.1 million allocation of the American older...American dollars that we get as a state as a whole. And then if you turn back to our exhibit E and the second page of that, ENOA's home-delivered meal budget equals \$1.2 million. So the entire state doesn't even get enough federal dollars to cover ENOA's home-delivered meal program. We receive about \$315,000 of that allocation. And again, our agency spends more than \$1.2 million annually to deliver about 280,000 meals to homebound older adults in the five-county service area. Again, the more than \$885,000 discrepancy between what we spend and the federal government dollars it receives for home-delivered meals is indicative of the need. Which, by the way, we also have been meeting with our federal representatives to talk to them about our needs in the area. If you would go back and refer to Exhibit D, in fiscal year 2007-2008, the state allocated nearly \$75 million for community behavioral health care services and more than \$73 million to assist persons with developmental disabilities. That compares to \$6.5 million for aging services. And of that, \$1.6 million the state allocates to ENOA

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through its funding formula. And that makes up about 15 percent of the agency's budget. And so on exhibit E and F we've included our entire budget. And then F lists out a pie graph that shows you all of our revenue and where we get that. ENOA's mission is to allow older Nebraskans to live independently, with dignity, and to remain in their homes for as long as possible. The need for these types of services is at an all-time high. In September 2007 the 2,200 calls that we took into the agency's Information and Assistance telephone line...and of that 159 of those callers were referred to the agency's Case Management Division of 16 case managers. And what they do is further assess and review these individuals for their needs. These older men and women are frail; their cases are more complex and time-consuming. And our ability to meet their needs is challenged by the current funding levels. If you refer to Exhibit G I've listed...or given you five different case scenarios of calls that have come in to us and then where we referred them on to Case Management. And there is seldom a referral that comes in that doesn't have issues with evictions, homelessness, mental health issues, dementia, and no support of a caregiver. Utilities may have been shut off or been shut off for several months. In many cases families are living with elderly and living off the elderly person's Social Security. The clients are asked to make a donation for their services received, based on their income. And so then the next exhibit shows you what our cost is per month and then what...it averages about 30 percent of the clients' contribution for those services per month, and then shows you the gap. So, for instance, if a person is \$528 a month, the client's contribution is about \$110. There's a gap of about \$418 that ENOA pays for that one person. The 2007-2008 continues a pattern in which ENOA has had to eliminate programs, services, and staff positions due to budget deficits. In an attempt to raise funds, ENOA has begun an ongoing effort with the community on a variety of projects, including the "Help Light a Spark for the Holidays" program with Avon, which we're partnering with them to raise money. It's buying this little puppy and a portion of the proceeds come to ENOA. The friends of ENOA campaign, which we've put...and I'll send a sample around...through our New Horizons asking for contributions, and we have also had a golf tournament sponsored by one of our local bar and grills that raised money for our programs. So when we consider the request for additional

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funding and examining the roles of the state's aging service network, I hope you'll remember Dr. Potter's comments this morning. I also have included suggested reading of letters from UNO Professor Karl Kosloski, Cathy Wyatt of Midwest Geriatrics, and Nebraska state Senator Gwen Howard. Those are all exhibit H. Again, the binder lays out, I think, for you: the services that we provide, the dollars which it takes to provide, and the need that continues to grow, within not only our area, but also across the state. I'd be happy to answer any questions. [LR162]

SENATOR JOHNSON: Any questions? Yes, Senator Stuthman. [LR162]

SENATOR STUTHMAN: Thank you, Senator Johnson. Mary Ann, on your exhibit A you have those five counties and the percent of population that's over 60. Is there a way that I can find out all of the counties in Nebraska, because I'm sure there's some counties that are over 50 percent over 60? [LR162]

MARY ANN BORGESON: Yes. Yes, we will get you that, Senator. [LR162]

SENATOR STUTHMAN: Okay. Thank you. [LR162]

SENATOR JOHNSON: Yeah, Senator Gay. [LR162]

SENATOR GAY: Mary Ann, on the funding sources you show for your region, the state percent is 15, the counties are 10 percent, and then client contributions, what they can afford to pay is 7. So actually the county and the clients are putting in more than the state on this particular issue. But I guess on that client contributions, most of the people I'd say are...well, maybe I shouldn't say this, the question: are they on Medicaid? Or could a family member, when we talk about some of the waivers or things...if we had a tax program or some kind of incentive that, hey, if you put a railing on a house...do we have that now, do you know? Or is there anything like that...tax incentives... [LR162]

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MARY ANN BORGESON: A tax incentive? We don't have any in place. [LR162]

SENATOR GAY: ...or some kind of incentive for people to step up and take care of their parents? Would that be helpful, do you think, down the road? [LR162]

MARY ANN BORGESON: I think so. [LR162]

SENATOR GAY: Okay. And then I guess on those client contributions, how do you collect those now? I mean... [LR162]

MARY ANN BORGESON: We send out notices to them each month and they send back their contributions. [LR162]

SENATOR GAY: And I think...well, and Senator Stuthman and I have both served on the Regents on the boards before, and I always thought that most people wanted to help contribute. [LR162]

MARY ANN BORGESON: Oh, yes, most definitely. [LR162]

SENATOR GAY: It's just...most want to help and the families do, they just, you know...sometimes they need a little incentive. But maybe if we get more family involvement we could help a little bit too. You know, so I guess down the road it'd be interesting to find out what you guys are doing to encourage that. I know you can only get so much out of somebody that doesn't have it. But, I mean, if there's programs that you see that we might be interested in where family members can help participate more, I guess I'd like to see those personally, so... [LR162]

MARY ANN BORGESON: But there also are...is a percentage of our clients that there is no family to help out, so there are some that don't contribute at all. [LR162]

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SENATOR GAY: Right, yeah, I just...like Senator Hansen says, we don't want more people sliding into...where they just give up, and now it's nursing home alternative... [LR162]

MARY ANN BORGESON: Exactly. [LR162]

SENATOR GAY: ...keep them in their homes longer would be better, so... [LR162]

MARY ANN BORGESON: Exactly. [LR162]

SENATOR JOHNSON: All right, thank you...oh, Senator Hansen. [LR162]

SENATOR HANSEN: The pages with the...you went over this pretty quickly, which Senator Johnson and we appreciate. But there are these pages with all the X's on them. Okay. It looks like the Eastern office offers a lot more services than...I was just comparing it to the West Central. Are any of these need-based? [LR162]

MARY ANN BORGESON: Yes, they are. [LR162]

SENATOR HANSEN: Do you have a questionnaire that says, can you afford some of this, can you contribute some? [LR162]

MARY ANN BORGESON: Yes, we do our planning for the services that we provide actually go through that process. And we go out and ask and have focus groups in each one of the five counties in which we gather the information to determine what the needs are. And then what the services are we would be providing. [LR162]

SENATOR HANSEN: And can they...do you ask the question, can you contribute to this program? If we bring you meals on wheels, can you afford \$1 or \$2 a day to do that? Do you ask that question? [LR162]

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MARY ANN BORGESON: Yes. [LR162]

SENATOR HANSEN: Okay. Thank you. [LR162]

SENATOR JOHNSON: Sure, one more question from Senator Gay. [LR162]

SENATOR GAY: Mary Ann, and maybe you can't answer this, but what Tom was saying, Senator Hansen, is I look at that too and I see that there's no adult day services in Blue Rivers, in Western. Nor do they have the Senior Volunteer Program, some of those things that I think are very good programs. You know, those are very good. Maybe it's because of the location it takes a long time to drive them, you know, the long distances, whereas adult day programs are very good, I've saw in urban areas. But maybe that's part of the reason why...but I'd be interested, not now, but if somebody could give me some information, get us information on that...why those aren't being provided. Maybe it's just a funding issue. [LR162]

MARY ANN BORGESON: Okay. Yep, we will definitely do that as well. [LR162]

SENATOR JOHNSON: All right, thank you very much. June Pederson. Come on up, June. [LR162]

JUNE PEDERSON: Thank you, I'll mail you something. [LR162]

SENATOR JOHNSON: Nah, come on up and say hi anyhow. (Laughter) Welcome to our humble abode. [LR162]

JUNE PEDERSON: Senator Johnson, members of the committee, my name is June Pederson, P-e-d-e-r-s-o-n. And I'm the director of the Lincoln Area Agency on Aging. Senator Synowiecki made reference to us in his opening comments. You are all aware

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that the Lincoln...the city of Lincoln had a significant budget deficit this year. They were short \$9 million. And they asked the Lincoln Area Agency to cut \$750,000 in our funding from the city. I have many things I was going to tell you. But the one I want you to know is that when I was told of this amount, the budget staff said to me: we know you save lots of money. But you don't save money for the city; you save money for the state and the federal government. You also talked about prevention. One of the most important programs that I feared I would lose was our Lifetime Health Program. Lela Shanks is a member and participates in that program. I think prevention is the focus for the next decade, perhaps this century. If we can keep baby boomers healthy and well through their sixties, seventies, and their eighties, it will cost all of us substantially less for their care later on. Thank you. [LR162]

SENATOR JOHNSON: Well, thank you, and a good conclusion to the morning, because I think you've hit it right on the head. And there's one other kind of interesting little thing that you alluded to: is how often we see where somebody really wants a service and then wants somebody else to pay for it. (Laugh) And I'm talking different agencies and different segments of government, and you just touched on that very well as to lateral the ball to somebody else's responsibility. Well, we'll try and be as responsible as we can. [LR162]

JUNE PEDERSON: Well, my point was what we do saves money for the state and for the federal government. [LR162]

SENATOR JOHNSON: Yes, it sure does. Okay. Anyone else this morning? Thank you very much. We're not going to take a break between the next one. So those of you that wish not to stay, if you would quietly depart. We're going to go right on to the next one, because we're behind schedule significantly already. Okay. Thank you. [LR162]

SENATOR GAY: All right, Senator Johnson, we'll keep moving on and we'll open testimony on LR156. Senator Johnson. [LR156]

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SENATOR JOHNSON: Thank you, Senator Gay and members of the committee, I'm Senator Joel Johnson, J-o-e-l J-o-h-n-s-o-n. LR156 is an interim study to address the waiting lists for services with developmental disabilities. This was brought to me by the Arc of Nebraska. These waiting lists are a problem and we've only partially solved this problem over the last several years. What I'd like to specifically mention are these: this resolution calls for the development of a plan to consider the following. One: a plan for the provision of services to all persons determined to be eligible for services in accordance with the Developmental Disabilities Services Act by 2010. Two: incremental statewide implementation process for the provision of specialized services based on: the number of persons who are waiting for these services; and the need to prevent any future development of lengthy waiting lists for these services. The resolution requires the Department of Health and Human Services to establish a working group including representatives of the State Department of Education; the Advisory Committee on Developmental Disabilities; the Developmental Disabilities Planning Council; people with developmental disabilities and their families; and a statewide developmental disability advocacy organization; and developmental disability providers; and obviously others who have an interest in this. The working group should: one, submit recommendations for the strategic plan to incrementally reduce the number of persons on the waiting list for these developmental disabilities services. Two: consult with the Department of Health and Human Services to review and make recommendations on any revision to the rate methodology. And three and lastly: submit the workgroup's recommendation on the strategic plan and revisions of the rate methodology in a report to the Medicaid Reform Council, the Legislature, and Governor. With that concludes my prepared statement and I guess I would, since we've been talking all morning here, and to encourage people to be brief and concise, I would encourage the people who follow me to do this as well. Now, having said that, we must realize that we must know where we stand and what are starting point is. So the first testifier or two may well take time more than that. So, with that... [LR156]

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SENATOR GAY: Okay. Sounds good. Is there any questions for Senator Johnson right now? Thank you, Senator. [LR156]

SENATOR JOHNSON: Thank you. [LR156]

SENATOR GAY: And Senator, I'd just say earlier, I agree wholeheartedly that when you testify...we're gathering information and exchanging ideas. We do read this and do our information...so I don't think you're being harsh at all. I think you handled that very well, and I'd encourage the same on this hearing, as Senator says, if you have a written...summarize it please, and then we'll move on and we apologize you know, these things run late and here you are, we're running behind, so...but we want to hear everything you have to say, so John, you want to come on up and get started? [LR156]

JOHN WYVILL: (Exhibit 1) Members of the committee, I have a handout for you. Good morning, Senator Johnson and members of the Health and Human Services Committee, I'm John Wyvill, I'm the director of the Developmental Disabilities Division, Department of Health and Human Services. I was appointed directly by Governor Heineman on September 17, 2007. Prior to my current appointment I was director of the Arkansas Department of Workforce Education (vocational education) from October 2005 to March 2007. In the disability arena I've had over 15 years of professional experience working in various capacities. My service in state government included being on the legal transition team for incoming Governor Mike Huckabee and assistant legal counsel for the Arkansas Governor, where I handled a variety of disability issues. In addition, I went on to serve as the director of vocational rehabilitation as the Commissioner of Arkansas Rehabilitation Services for six years. And during my tenure was also president of the Council of State Administrators in Vocational Rehabilitation. My education includes a law degree from the University of Arkansas, Little Rock School of Law, 1991, and a bachelor of arts in political science with distinction from Hendrix College in Conway, Arkansas in 1988. I received the 2004 Belle Greve award from the National Rehabilitation Association, the 2001 "40 under 40" award from the Arkansas

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Business magazine, and Arkansas State Directors Leadership Public Service Award from the League of United Latin American Citizens and the Golden Torch Award from the Arkansas Association for the Deaf. Presently I serve on the United States Access Board which members are appointed by the President. I also serve on the National Technical Institute for the Deaf (NTID) Advisory Group, which members are appointed by the U.S. Secretary of Education. The Department of Health and Human Services is in the process of establishing the working group created in LR156. I would like to provide you information regarding this study. I would ask you to direct your attention to the following handouts in your package of information. In your chart you will find attachment A, a chart which shows the historic usage of priority one funding (addressing needs of persons in imminent danger) by the fiscal year. Behind that is attachment 2, a chart showing the attrition in specialized developmental disabilities services by fiscal year. Attachment C is a chart showing the budget funding for students exiting Nebraska high schools who are 21 years old. Attachment D is a chart showing the persons in services and on waiting lists. These waiting list numbers represent individuals who are past their self-identified date of need of services and some who have indicated they want services at some future date. And then finally, attachment E is a chart...persons served from the waiting list by fiscal year. It is important to note that attachments A, B, and C are listed in LR156 as information to be gathered or considered. Thank you, and I would be happy to answer any questions. And I'm excited to be here in Nebraska.

[LR156]

SENATOR GAY: Glad to have you. Thank you, John. Do we have any questions for John right now...the committee? Looks like there are none, so... [LR156]

JOHN WYVILL: Thank you very much. [LR156]

SENATOR GAY: Thank you very much. My list...Janet Anderson. Is Janet here? Go ahead and state your name, Janet. [LR156]

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JANET ANDERSON: (Exhibit 2) Yes. Good morning. My name is Janet Anderson, A-n-d-e-r-s-o-n. I'm currently the Legislative Aide to Senator Adams, but I am here in a capacity speaking on behalf of myself as the former Legislative Aide to Senator Dennis Byars. He would have liked to have been here but he's out of the state travelling. So I've been asked to provide the summary of our institutional memory of the developmental disabilities funding issues. I think the appropriate place to start is in 1991. Senator Don Wesley introduced LB830 which created the basis for the existing statute, 83-1216. LB830 was a result of a subcommittee's recommendations of the Task Force on Mental Retardation and Developmental Disabilities, again, a task force. The bill was monumental for a number of reasons, it provided for case management to become a state function. It provided for due process throughout the delivery system. It established quality assurance. But most importantly it entitled all citizens of Nebraska with developmental disabilities to received services and to receive those services by the year 2000. Senator Wesley stated in his statement of intent, "When these changes are implemented, Nebraska's community-based service delivery system for persons with developmental disabilities will once again be a leader in this country." During the years between 1991 and 2000 various attempts were made to increase funding for the DD community. When I first joined Senator Byars' staff in 2000, the time when all DD persons were supposed to be in services, one of our first meetings focused on increasing funding for DD people, rate methodology, and quicker access to services. This as also the time when the Tobacco Settlement dollars were going to be dispersed for various health-related issues. When we met with a representative from the DD office from Health and Human Services it was estimated that approximately 650 people were on the waiting list. It was estimated that it would cost \$16 million to move these people into services--\$8 million of state and \$8 million of federal with the Medicaid match. Senator Byars, providers, and advocates realized that if we were successful in getting the entire \$8 million of state funding, we could not absorb all of those people into services the first year. It seemed fiscally responsible to ask for incremental increases in the funding: \$3 million the first year, increasing it to \$5 million the second year, and then increasing it to \$8 and sustaining that \$8 million from there on out. LB693 was

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introduced, requesting the money with this incremental proposal for the next three years. That money was specifically targeted, specifically set for the DD waiting list, and meant to serve people who had been waiting the longest on that waiting list first. Between the hearing on LB693 and the combining of all of those bills, the final increase to \$8 million was dropped. If memory serves me correctly, it was felt we shouldn't encumber future legislatures and that the Legislature would revisit that issue in the future. We never did. Another important year was the year 2004. Senator Roger Wehrbein introduced LB1100. Many in the DD community believed this bill set the state back for the delivery of services for the developmentally disabled. Advocates, providers, senators, and HHS developed a proposal that eventually became LB297. In this bill the old date of 2000 was struck. A new benchmark for bringing all persons with DD into services was set for 2010. This bill also required a group to be formed to review the objective assessment process for determining services. Now here we are in October of 2007; we see the waiting list is still with us. Not only are there DD clients still waiting for services, but the list has grown. Not only did we miss the first benchmark of 2000 to bring people into services, we are in jeopardy of missing the 2010 benchmark as well, unless we take action. I did make a list of some of the various things that Senator Byars attempted through the years. I'll give that to the Committee Clerk. But with that I'd be happy to answer any questions and try to answer some of the institutional memory kind of things. [LR156]

SENATOR GAY: Okay. Thank you, Janet...there any questions from the committee? Senator Stuthman. [LR156]

SENATOR STUTHMAN: Thank you, Senator Gay. Janet, do you feel that with all of what Senator Byars had done, have we accomplished enough of the goals or do you think that we're way behind of what we...what was anticipated by the Legislature? [LR156]

JANET ANDERSON: Personally, I would say I think we're way behind, because our

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waiting list is grown, we aren't moving people into services. I think we have made strides. When the Legislature did appropriate the money for the waiting list with 692 dollars, we did, we saw hundreds of people move off that list. It was fantastic. It was tremendous to see that movement. People that had been waiting years were finally being brought into services. But because we didn't continue the increase in funding, as with everything, everything is more expensive. We fell behind. I think beyond this issue, one of the issues that Senator Byars worked tirelessly on is provider rates. I think that's another issue the Legislature has to address, is to bring provider rates up to par, so that the providers can hire people that are dedicated and caring, and that can make a living wage. But right now I think that's very difficult as well. I think we're falling further and further behind. We're no longer the leader in the nation. [LR156]

SENATOR STUTHMAN: Okay. Thank you. [LR156]

SENATOR GAY: Any other questions from the committee? I don't see any, Janet. You are going to provide testimony... ..to the clerk? [LR156]

JANET ANDERSON: Yes, I will. [LR156]

SENATOR GAY: ...to the clerk. [LR156]

JANET ANDERSON: Thank you. [LR156]

SENATOR GAY: Thank you. Next on my list I have a representative from the Arc of Nebraska here wants to speak...Are those handouts for us or you...okay. [LR156]

KATHY HOELL: Yes. It just takes me a minute get... [LR156]

SENATOR GAY: No problem. She'll hand them out for you. And then could you go ahead and state your name and spell it out? [LR156]

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KATHY HOELL: (Exhibit 3) Good morning for about twenty more minutes. My name is Kathy Hoell, H-o-e-l-l. I am the first vice president of the Arc of Nebraska. And I am testifying on behalf of the Arc in support of...I lost my place already on my...okay. Anyway, I'll skip all that. Anyway, I want to thank you for the opportunity to speak to you today on this very important issue. We are testifying in strong support of the urgent need for a strategic plan to address the waiting list of people who need supports and services and a review and revision of the methodology for developmental disability service providers. We appreciate what the Legislature has done in the past, however, there are people that are still being wait-listed, which means that they have been identified as needing services, but their waiting up to five years in some cases to get these services. Deb Weston, who is also from the Arc of Nebraska, will be testifying after me as a person who has been in this wait-listing process. We are at a critical junction here in Nebraska. As of June 2007 there were 1,426 people with disabilities and families--because we can't forget this impacts the entire family who are waiting. And by July 1 of 2009 the projection is we'll have 1,980 people on the wait-list if we don't do something about...but the important thing to remember is that this list is made up of people and what we're doing to them...these are people that need support to live their daily lives with dignity and enjoy "the good life" of a Nebraskan. We must develop a strategy to incrementally eliminate the waiting list and prevent the reoccurrence of a waiting list. This can be done--but it will only happen with mutual dedication, collaboration, an exchange of information, and identification of use of strategies implemented successfully by other states. I have given you...in one of your handouts is a printout from Louisiana, where...how they have addressed the waiting list issue in their state. I am not saying we should copy it exactly, but it's one idea and possibly many that could be used...utilized. Nebraska cannot...we appreciate CEO Chris Peterson's strengthening of the Advisory Committee on Developmental Disabilities (as was defined in the DD Services Act)--excuse me--and the recent formation of the subcommittees to begin addressing systematic problems. However, the necessary steps to address, fund recommendations to the...they only can make recommendations to the Division. We

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need some oversight and involvement and guidance from the Legislature in this very critical issue. [LR156]

SENATOR GAY: All right. All right, Kathy, you said...and then you had some other people that were going to testify. We have them, if we have time in the end we've got some other people behind you. So... [LR156]

KATHY HOELL: I would just like to thank you for the opportunity to speak to you. And if you have any questions I'd be glad to address those. [LR156]

SENATOR GAY: Is there any questions for Kathy from the committee? Senator Johnson. [LR156]

SENATOR JOHNSON: I just got to say good morning, Kathy. I kind of look forward to seeing you and I always wonder what you're going to say after you use the word 'however'. (Laughter) [LR156]

KATHY HOELL: However, yes, there are lots of 'howevers' in the world. [LR156]

SENATOR GAY: Any other questions for Kathy? I don't see any right now. Thank you, Kathy. And then who I have...I have Roger Stortenbecker next, we have several people who want to testify. And then if there's time we will have, I think there are people, two or three families that might want to talk from the Arc. We'll get to them. I think the committee has a tour this afternoon at 1:15. So that's why we're kind of moving on. They've been out all week touring the state facilities and some of these guys are very...it's been a long week for a lot of them so...moving on. You don't look like a Roger. [LR156]

DEBRA WESTON: Good morning. I am not Roger Stortenbecker. (Laughter) Although Roger is here. Good morning, Chairman Johnson and members of the committee. My

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name is Debra Weston, and while I work for the Arc of Nebraska I am here to testify personally on behalf of myself and my family. I have three children... [LR156]

SENATOR GAY: Deb, can I interrupt you one minute? [LR156]

DEBRA WESTON: W-e-s-t-o-n. [LR156]

SENATOR GAY: Okay, let me interrupt you one minute though. What I wanted to do though was have...we had a list...and then I'm going to save you. Can you make it brief then? Since you're here... [LR156]

DEBORAH WESTON: I will make it very brief. This testimony will be difficult... [LR156]

SENATOR GAY: Okay. Thank you. It's important, I understand... [LR156]

DEBORAH WESTON: ...and hence brief. [LR156]

SENATOR GAY: Okay. Thank you. [LR156]

DEBORAH WESTON: I have three kids. They're adults now. My oldest son has autism. He's now 26. Many years ago I recognized that our family needed help. We asked for services--a very hard thing to do. We asked for services and we were told that we would have to wait for services. So we waited several years. I, like many Nebraskans, was raised in rural Nebraska. You pull yourself up by your bootstraps. We are independent. We can do it. And I was of that mind-set. I will wait my turn. We will wait our turn for services. We waited. More changes happened. I became a caregiver for my parents as well as my children. I believe now, today, that I was a good parent. But I wasn't sure then, because I couldn't do it. I worked and I struggle and I tried to stay employed and I tried to be the caregiver. Our natural supports, our extended family, our friends, myself became exhausted. The balance tipped. My family couldn't remain intact any more. Still

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I could not bring myself to beg and plead for money for my family and my son. It's very difficult to do that. A friend and colleague had to help me. After all, I mean, I'm working as an advocate. I'm helping other families. I know the system. I'm working with the system. But we have pride. We are doing a good job. We are parenting and family members of people with some extraordinary needs. And we're doing extraordinary parenting. But it's not always enough. So we find ourselves exhausted, bankrupt: physically, emotionally, financially, in every possible way. So to publicly come to you and reveal the trauma, the loss, the grief, the heartache is still difficult. I had asked for help and I was told to wait. And we waited. And we waited. I wanted to be independent. But when the balance tipped and friends helped, we received priority one funding, crisis funding. We were fortunate to receive that funding and I'm very grateful. And my son is grateful, and my other son and daughter are. And it began gradually to change our lives gradually. But funding at that point couldn't repair or remove those hardships and the loss we had sustained and endured. Within months after that, both my mother and father died within a six-week period. Our system of developmental disabilities supports has continued in large part, for the most part, but with the help at points in time from the Unicameral to help. But we're still operating in crisis management and we must move to a reasoned, proactive plan before families and people exhaust and collapse and we lose. When I was walking in today I read on the side of the Capitol: Political society exists for the sake of noble living. We lost our nobility. We lost our pride. We lost so much within our family. No one should have to endure that. People are enduring that now. They are waiting five years or longer. Now we have a number of people that we have talked to who are interested in sharing their stories but did not feel comfortable in testifying today--people who are on the waiting list, families who are on the waiting list. But they're frightened. And there is fear of retaliation or a negative consequence. And there's also the part that I just mentioned. This feels bad. It feels humiliating, to say, we can't do it. And it's very very hard to state that publicly. But we do have people who will visit in a more casual, informal atmosphere. Like I said, I'm from western Nebraska, we pull ourselves up by the bootstraps. People are doing that right now. Thousands are trying to do that. We need to act before those bootstraps break, because they will. So I

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thank you for the opportunity to share this with you today. I'm happy to answer any questions and thank you. [LR156]

SENATOR GAY: No problem. Thank you, Deb. Is there any questions from the committee for Deb? I don't see any at this time. But thank you for coming...appreciate it. I have on my list Roger Stortenbecker. Is Roger here? [LR156]

ROGER STORTENBECKER: (Exhibit 4) I am the real Roger Stortenbecker. Mr. Chairman, members of the committee, my name is Roger Stortenbecker, R-o-g-e-r S-t-o-r-t-e-n-b-e-c-k-e-r. I'm the chief operating officer for Developmental Services of Nebraska. We are a...I guess a midsize these days, nonprofit community-based DD provider. And we also provide some short-term inpatient residential managed care mental health services. So we do cover a little bit of ground and do have some experiences. I can comply with your request not to read the testimony. In fact, that's...I'm more comfortable not reading testimony. I think I might be uniquely qualified to talk about the rate methodology in Nebraska in that I started out working 30 years ago with community-based developmental disabilities services. For 14 years I was at Health and Human Services. I was there at the time the rate methodology was developed and participated in that progress. In fact, it's quite likely I was before the Legislature, or at least preparing testimony in favor of those kinds of things. Now I'm back on the provider side, having to live with some of those decisions I helped make. Some days that's a good thing, some days that's not. Today my purpose in being before you is to try and convince you that it's time for us to take a look at that rate methodology again. It was established 15 years ago at a time when services looked in a certain way and we were doing certain kinds of things. On my information, written testimony, what you'll see are just some of the high points of what has changed, the most significant ones. And I think the ones that stand out in my mind, if I were just to meet you on the street and have one minute to say what those changes are I would point to the eligibility. The people that we're providing support to now, the group...as a group, looks considerably different than the group of people that we were providing services to

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before. And that has to do a lot with the changes in eligibility: who could come through the DD system to get services, what their needs are, and then what we have to do for them. The study originally was done by Deloitte and Touche to take a look at what provider cost experience was at the time, because we're doing different things today, that look will be considerably different. So I think it's time for us to review that methodology, have a look at it again to see what it looks like financially. The decision that Health and Human Services and the state of Nebraska makes about what cost they're willing to participate in and to what extent and just have another look at that. I'd be happy to answer any questions you might have. [LR156]

SENATOR GAY: Okay. Thank you for that information. Any questions from the committee? None at this time. The study that was...I have a question real quick. The study was done by Deolitte Touche was back when... [LR156]

ROGER STORTENBECKER: Yes. [LR156]

SENATOR GAY: It's been 15 years? [LR156]

ROGER STORTENBECKER: It's been 15 years, yes. [LR156]

SENATOR GAY: So time to look at that... [LR156]

ROGER STORTENBECKER: Yes, time to look at that. [LR156]

SENATOR GAY: All right. I'm sure we can dig that up...very good. Won't do much good... [LR156]

ROGER STORTENBECKER: Thank you. [LR156]

SENATOR GAY: Okay. Thank you. On my list I have--thank you, Roger--Mona McGee,

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Dave Merrill, Alan Zavodny, Brad Meurrens, and Joan Marcus in that order on the list. So Mona...we'll start with Mona, then Dave, and Alan, Brad, and Joan. [LR156]

MONALISA MCGEE: (Exhibit 5) Thank you, Senators. I too will try to keep this brief, understanding your schedule today. So I appreciate your time and it's nice to see all of you again. Senator Johnson and members of the Health and Human Services Committee, I'm Dr. Monalisa McGee, M-c-G-e-e. And I'm the operations director for Mosaic in Nebraska, as well as the president of the Nebraska Association of Service Providers, and we are providers of services to people with developmental disabilities. I appreciate again the opportunity to offer testimony on behalf of LR156 today. And again, thank you for your time. And just a summary: most of what needs to be said about this resolution has already been said. However, I did just want to visit with you about the uniqueness of the services we provide. Almost...as far as Mosaic is concerned and the other providers in our association, approximately 99 percent of the funding we receive comes from Medicaid Services. The waiting list, as what was discussed earlier of people deemed eligible for developmental disabilities services is growing. People are in the community not receiving support. When they are in services there is the challenge of the behavioral health component. The people coming into our services have higher behavioral health needs along with their developmental disabilities services. And so there is that balance there. We also have a huge concern related to Roger's comment related to the labor pool. The state employees received a 4.5 percent increase overall in the state, while the DD providers received 2 percent. Our rate methodology is based on a Tech 1 position at the State Developmental Center, which they hire on as float positions. Right now the State Developmental System...or BSDC hires in at a Tech 2 position. So our gap is widening between what private and public providers can serve as well as the state institutions. So with that, with the Supreme Court, the Olmstead decision, President Bush's New Freedom Initiative, Congress, governors, people with disabilities all agree that we must adopt a long-term support system that gives people the opportunity to live and work in their community. And with that I'd like just to open up to any questions you might have. [LR156]

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SENATOR GAY: Any questions from the committee? [LR156]

MONALISA McGEE: I appreciate your time, Senators. [LR156]

SENATOR GAY: I have one, Mona. [LR156]

MONA McGEE: Yes, sir. [LR156]

SENATOR GAY: On the...so we're looking at the...Beatrice, we've had trouble hiring, keeping staff, and getting staff. So we're basing our reimbursement rates on past...and then it's just accumulating to the effect of...okay. [LR156]

MONALISA McGEE: Yes. Yes, sir, that's...absolutely... [LR156]

SENATOR JOHNSON: Let's just expand that question: do you have trouble with your organization, because you have multiple sites? [LR156]

MONALISA McGEE: Absolutely, the average wage in more rural parts of Nebraska, probably and around \$7.50 an hour that somebody might receive in Holdrege or another community--in Omaha it's around \$8.00. With that gap though the turnover is tremendous. It depends on the provider, but again, in working with all of our HR departments and trying to find innovative ways, it's been tough to get people in the door, tougher to keep them, because they can't afford to live. I guess in speaking with my colleagues on our team at Mosaic, I say, you know, your instinct is, would you trust that person to take care of your child if they needed it? And I have to tell you, and I mean this from the bottom of my heart, there's a lot of people we turn away even at our current rates because of that. Thank you for your time, Senators. [LR156]

SENATOR GAY: Thank you. Any other questions? Thank you. All right. Dave Merrill.

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[LR156]

DAVE MERRILL: (Exhibit 6) I think this is a contest to see who can be the briefest, so we're trying to appreciate your time. [LR156]

SENATOR GAY: Well, thanks, and Dave... [LR156]

SENATOR JOHNSON: Well, yeah, I got to say...we kind of apologize to you. [LR156]

SENATOR GAY: Yeah, we don't want to rush through. If you have anything new to add...that's what we're here for, but we're all here for the same reason, I think, and if you can add on to somebody's point, that's better, I guess. [LR156]

DAVE MERRILL: Sure. To get the information. Yeah. Senator Johnson, members of the committee, my name is Dave Merrill, M-e-r-r-i-l-l. And I'm the executive director of Region V Services and also the chairperson of the Nebraska Providers' Network. I've got a brief written testimony, but I'm not going to read it. It's just two main points that I want for you to understand. When people think of the waiting list, they typically think that it's totally an issue of money. And it's not. It's also an issue of systems, because we end up with grouping of people. It takes two or three individuals living together to make it so that you can provide 24-7, have staff there all day. If you did it for each individual, it would take three times as many staff, if you had three people. Our current system works this way: three...and we have a number of examples within Region V. Three people live together; they've lived together for 20 years. We've had staff that they know and are familiar with. One of them dies and the other two ending up having to move, because we can't get a third person that matches, you know, in terms of compatibility. Even though there are thousands of people waiting for services, we end up closing a situation in an available service because we can't get that match. That's a systems issue. And I just want for you to understand there's both a money side to this and a systems side to this. On the money side, there's a simple reality: if we do nothing to address the waiting

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list a four-year wait becomes a five-year wait. That's what happened last year. The Legislature, we didn't do anything together for the waiting list and so people that had been offered services in January 2003, this January it will have moved from a four to a five year wait. If we do nothing next year, it moves to a six-year wait. It's a basic reality. The only way to shorten the time of wait is to actually move that date two years in advance. Because we're going to have a year's passage of time. So to lower the waiting time next year to four years, back to four years, we'd have to offer services to people who have been waiting since January 2005. You know, and so I just wanted for people to understand. But whatever we do in terms of funding, we also have to address the systems side of issues as well, and make some improvements there. And we look forward to working with you and with the Division on Developmental Disabilities and Health and Human Services to see if we can make that happen. I'd be happy to answer any questions. [LR156]

SENATOR GAY: Any questions? Senator Hansen. [LR156]

SENATOR HANSEN: I have one, thank you. You gave the example of the three people living together with disabilities. One dies. Out of those 3,000 people that are on the waiting list you couldn't find any more? How do you categorize the disabilities that would make that so unique? [LR156]

DAVE MERRILL: Right, and when there is attrition and that person is no longer there and the funding was still there for them, that money, I believe, is being used for the priority one crisis situation that might be in some other program or some other part of the state. So when that attrition...that's my understanding, anyway, of what happens and why we can't find a person is because is that money is actually used to deal with a crisis which might be somewhere completely different. [LR156]

SENATOR HANSEN: So its pretty close, the money and the system then. It sounds like may be closer than what your example originally... [LR156]

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DAVE MERRILL: If there was money for the emergency services to address the priority one and so as we're addressing list that money is identified for those priority one situations, then we could use...we could make it so that we could go through that list of 1,500 people and find somebody whose need is for that exact service and put them there. But it seems ironic if not crazy that we have a thousand people waiting for services and 50 to 100 openings for the services they're waiting for, and we haven't found a way to match those up. [LR156]

SENATOR GAY: Senator Johnson. Senator Hansen, do you have a follow-up question? Senator Johnson. [LR156]

SENATOR JOHNSON: Just a comment, I guess: seems to me if we can have dating services that can match people maybe we ought to be able to do this too. (Laughter) [LR156]

DAVE MERRILL: Match.com kind of thing? [LR156]

SENATOR JOHNSON: Yeah. [LR156]

SENATOR GAY: I guess I have a question. So you're saying it's a patchwork...is when we have the opening we only have so many dollars and we got to go deal with this crisis and not coming back, allocating those dollars to the openings is what you're saying? Is that what you're saying? [LR156]

DAVE MERRILL: Right. Yeah. And the danger was that people don't want to commit to keeping an opening or filling people in slots. And we just have to find a way to make things work so that two people don't have to move just because they lost their roommate. [LR156]

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SENATOR GAY: All right. Any other questions? I don't see any. Thank you. [LR156]

DAVE MERRILL: Thanks. [LR156]

SENATOR GAY: Alan Zavodny. Go ahead, Alan. [LR156]

ALAN ZAVODNY: Good after...good noon. Good afternoon, Senator Gay, Senator Johnson, my name is Alan Zavodny, A-l-a-n Z-a-v-o-d-n-y. And I'm the chief executive officer of NorthStar Services, proudly serving people with developmental disabilities in the 22 counties of northeast Nebraska. I said that for your benefit, Senator Stuthman. (Laughter) This isn't about providers today. It's about the people we support and people that are waiting to receive the types of services we provide. Several months ago Senator Flood approached me and said, you know, help me solve this problem. We have a DD system that seems to need to have something done with it. He said but do it for no more money. So being the good little soldier I am, I went back to my office and thought, well, that was impossible. But I'll try to do what I can do. So we've been working on these issues. What I want to tell you right now is you could serve everybody waiting for services right now, or agree to do it, and I don't think we have the capacity. And what I wanted to leave you with today--and then I'm going to be done--is that problem is actually getting worse day by day, because of a lot of things Dave Merrill told you about. When Governor Nelson did his blueprint, circa 1995 or so, they authorized people getting services that were transitioning out of school. They received day services. So ostensibly, for about 11 years we really haven't addressed, significantly, at least, residential services. You've got to address BSDC, you have to do something there. But you've also got to look at the residential component. We are consolidating sites, and I'm telling you right now: if you agree to serve everybody waiting for services, our system does not have the capacity, nor can we hire the employees to do it. And as a matter of fact, we're going the opposite direction. If we don't address residential pretty quickly, the people who need services aren't going to have the capacity in the system to have it done. So that was...I'm blunt. That's what you're looking at. So, with that, I will

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keep you on schedule and appreciate your time and listening to the issues. And I just want to point out, everyone else who talked to you about methodology and everything did a very good job of laying out for you what we're looking at in this system as a whole. [LR156]

SENATOR GAY: Any questions or...Senator Stuthman. [LR156]

SENATOR STUTHMAN: Thank you, Senator Gay. [LR156]

ALAN ZAVODNY: I knew you couldn't resist. (Laughter) [LR156]

SENATOR STUTHMAN: Alan... [LR156]

ALAN ZAVODNY: Make it easy, make me look good. [LR156]

SENATOR STUTHMAN: Yeah. [LR156]

SENATOR JOHNSON: Here, I'll give him a cookie and see if it helps. (Laughter) [LR156]

SENATOR STUTHMAN: I've had four already. In your NorthStar Services in Columbus, are you to capacity there? [LR156]

ALAN ZAVODNY: Not even close, actually what happens is naturally attrition. I'll give you some really quick examples. We have people who maybe have early dementia, that their needs change, that they go to a nursing home. We have people through the natural cycle of life who pass away. And in the past what had happened was there was always somebody there to, as Dave described, you have three people living together. They live together, they have enough hours authorized to them to keep that setting going and always have staff there. But when someone leaves now we don't have that

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person waiting to come in. So the three becomes two and it doesn't work. The money doesn't work. And so we've got a lot of openings in Columbus. We've built capacity to be able to do those kinds of things. And the people aren't there to come in. The referrals we're getting, quite frankly, are people that we are making decisions not to serve in community-based, because you're going to hear an argument that: well, no, we put referrals out statewide all the time. These are people with significant needs that the hours...we don't feel we can in good conscience serve in the community, because we're going to end up with incidents. And you're going to be pointing at us saying, what the heck did you do? And we're not going to do that. We're not willing to take that risk or that liability in our reputations in our communities. [LR156]

SENATOR STUTHMAN: Is there any in-home services that you do in NorthStar?  
[LR156]

ALAN ZAVODNY: Yeah, we do quite a few...quite a bit of that... [LR156]

SENATOR STUTHMAN: Oh, you do. [LR156]

ALAN ZAVODNY: We try to...we do all kinds of different things to see if we can meet the needs. People have different needs. Some people need a very highly structured, intensive type service. And some people, hey I'll see you once a month, help me balance my checkbook. If I can get those services, I might try to find those. But...so it varies. People have a wide range of things they need. It's kind of a no-more, no-less thing. [LR156]

SENATOR STUTHMAN: Okay. Thank you. [LR156]

ALAN ZAVODNY: That wasn't bad. Thank you. [LR156]

SENATOR GAY: Thank you, Alan. Any other questions? I don't see any. Thank you,

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Alan. Brad...is Brad Meurrens here? [LR156]

BRAD MEURRENS: (Exhibit 7) Good morning Senators...or good afternoon, I should say. Senator Johnson and members of the committee. In lieu of...for the record my name is Brad Meurrens, it's M-e-u-r-r-e-n-s. And in interest of brevity I would like to waive the reading of my testimony. I think the words that are written are actually more eloquent than I can deliver them orally, so, I just want to give you my handout. [LR156]

SENATOR GAY: All right, thanks. And Brad, we do review all this stuff, too, that's what we have...so don't feel we don't appreciate that. All right. [LR156]

SENATOR JOHNSON: Brad, just one second, because... [LR156]

BRAD MEURRENS: Yeah, Senator. [LR156]

SENATOR JOHNSON: ...I've admonished you in the past for this, but at any rate, you know we do value your testimony. And what are the main things here, if you'd just say? [LR156]

BRAD MEURRENS: Sure. Actually, it's pretty simple. My...the handout, the written testimony that I have for you briefly outlines kind of a global legislative effort to deal with the waiting list and the provision of services to persons with developmental disabilities. And what you'll see in my testimony is a string of...a 16-year-long string of broken promises made on behalf of the Legislature to persons with developmental disabilities to get them the services that they need and in a timely manner. And this...my statement just kind of outlines some of the issues where that promise to provide services...that the date has been pushed back and pushed back and pushed back for coming up 16 and going on 19 years. [LR156]

SENATOR JOHNSON: Great. Thank you, Brad. [LR156]

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SENATOR GAY: So, Brad, Janet mentioned the same thing. But...you know, for many of us these things continue and you...history changes itself, but it is important that you kind of stick to your guns. We...I think, I don't know how to describe that, but we get what you're saying. All right. [LR156]

BRAD MEURRENS: Excellent. Thank you. [LR156]

SENATOR GAY: Joan Marcus. [LR156]

JOAN MARCUS: (Exhibit 8) Good morning, Senators. And I have gotten the hint about brevity. My name is Joan Marcus and I am testifying on behalf of the Nebraska Planning Council on Developmental Disabilities. The Council is appointed by the Governor and administered by the Department of Health and Human Services. It is a federally-mandated independent council. Therefore, the position of the Council is not necessarily that of the Governor's administration. The Council is comprised of individuals and families of persons with developmental disabilities, community providers, and agency representatives that advocate for systems change and quality services. I am here today to speak in support of the need for Nebraska to develop a strategic plan to address the waiting for persons with developmental disabilities. As I drove--I live in Omaha...incidentally, I didn't spell my name, it's M-a-r-c-u-s. I live in Omaha, and as I drove to Lincoln today my mind wandered back. I have a 44-year-old daughter who has mental retardation and autism. And my mind wandered back to probably 40 years ago when there was no interstate and I drove to Lincoln to ask for services for my daughters. In my particular case there was no waiting list. Elaine's behaviors were so drastic that she broke the windows with her hands. We never slept all night, but at that time--it was 1972--and she was taken into services. As I listened to Deb Weston speak today, I thought, where would my family have been if it hadn't been that she was taken into services in 1972? She remains in services and it was probably what saved our family, although she is still a very big part of our family. I was there in

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1990 when the Developmental Disabilities Services Act was written. I was on the committee and I was there again in 1994 when we had the big party when then-Governor Nelson signed the act that said that all our problems were over. We had a blueprint and everything was going to be fine then. Well, I knew in my heart that everything wasn't going to be fine, but we have made progress. A current report showed that 14,026 people have requested services on or before June 30, 2007. And the Council has just a couple recommendations. The Developmental Disability Division has been able to make better use of its funding by maximizing Medicaid through ensuring all eligible people are receiving it for covered services, by greater utilization of generic community services, and by people leaving the system or decreasing services needed. But these savings don't do much good if they are returned to the state General Funds and aren't used to address the needs of people on the waiting list. Probably Division of Health and Human Services needs to analyze the average annual cost of providing priority one or emergency services and include that amount in the request to the Legislature for appropriations. Obviously, emergencies do arise, and the Division budget should plan accordingly, rather than using their existing funds to cover them. Each year, youth with developmental disabilities who exist high school at age 21 are entitled to day services. The Department of Education has an accurate data on the number of these students, and to some extent their need level. This information should be used to determine the amount asked for from the Legislature. However, in the past, Division of Health and Human Services has requested a fixed amount that did not take into consideration the projected number of students and their need level. Nebraska has seen the waiting list for DD services grow from the time that the Developmental Services Act was passed. That statute has already been amended once to extend the date to 2010 at which time all persons eligible for services would receive them. That would be our dream. Without any plan in place to reach this goal, not only will Nebraska fail to meet its promises to citizens with developmental disabilities, but it will continue to fall further and further behind with its waiting list. And I will keep coming back.

Questions? [LR156]

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SENATOR GAY: Any questions for Joan? I don't see any at this time. Thanks, Joan. Was there--just very quickly--I did say there were some other families from Arc that were here who would like to speak. If you want to come on up and be brief. Like I said, there is a tour set up and some of these people have to get going, but we do want to hear from you though. It's very important. So, let me...just add whatever you want, definitely. [LR156]

LAURIE ACKERMANN: I'll try to be...excuse me, very brief, and I apologize I don't have any written testimony today. [LR156]

SENATOR GAY: Those are the best kind. [LR156]

LAURIE ACKERMANN: My name is Laurie Ackermann, it's Laurie: L-a-u-r-i-e, Ackermann A-c-k-e-r-m-a-n-n. I am the executive director of Ollie Webb Center, Inc., a supporting organization to two subsidiary agencies: the Arc of Omaha and Career Solutions Incorporated, a smaller supported employment agency in the Omaha area. But I am here as...I came here before you today to speak as a family member. I have two siblings with developmental disabilities, ages 48 and 44. And I share their ages only to share that this has been a process and experience for my family my entire life certainly. And they were in it back in the beginning, before there was any free special education services and appropriate services out there for individuals. My family was very adamant. I can probably match some stories with Joan regarding my brother, who sustained severe head trauma at birth, has severe mental retardation, autistic-like tendencies, as far as some of the experiences. But even with that, my parents supported them throughout their lives: my brother, up until his early twenties. Now thankfully he is receiving services and very good services from Mosaic in Beatrice. I think sometimes we hear about all the negative things that go on among service providers, and I'd like to say that they have done many wonderful things with him. I think because he is in a smaller community, he has had less turnover of staff, which has helped a great deal. But that brings me to my sister. My father passed away in 2001.

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And my mother, a few years later, decided in 2003 to relocate to Arizona, as oftentimes people do when they are of retirement age...didn't want to have to deal with the yard work and the bad winters and so forth. My sister was on a long waiting list for residential services. There was no end in sight as far as her being eligible for services any time soon. Therefore my mother moved my sister down to Arizona with her. She's currently down there. She is not receiving any services. My brother and I, another sibling of mine, will be guardians when my mother does pass away--which will happen inevitably, hopefully not sooner than later--but will happen in some time in the future. And we've talked to move my sister back to Nebraska. My concern is at that point in time, number one, she'd have to be made eligible as a Nebraska resident again, but even in doing so, I would literally have to say that I'm going to kick her out on the street for her to be eligible for any kind of services and even to be listed as priority one to get services. And then there's still not even any guarantee that she would get services at that point and time. As with anybody else, you know, I have a full-time job. I sometimes travel. It would not be safe for her to be home alone overnight and so forth. So that's a real issue and concern for me. And as I said, we wouldn't even be here today had they honored the waiting list back in 2000, before prior to them even moving and her getting services at that point in time. The other thing that disheartens me is having been a sibling, obviously my entire life, I see families today that I run into that were there that fought the good fight back in the beginning, fighting for the services in the first place across the state, working on deinstitutionalization and so forth. And I see them sitting there today, sitting at home with their parents as they're aging, without any type of services...same thing. They don't have any type of service hours. They won't be eligible for the money that goes behind the service hours to get services. And what's going to happen is that their parents are going to have to die. And then here we go again. And then as it was explained very beautifully earlier, even though funding opens up when somebody who is in residential services, their funding does open up but people aren't coming off the waiting list for that to take those places. And why should we in this state, in this day and age, have to have people be in priority one? Why aren't we taking care of all of our citizens? And that's just me speaking on behalf of being a family member and knowing

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how hard my family has fought their entire lives, kept them home as should be, had them integrated in the community, fully involved and engaged, and then to get to a point in time when there's a concern whether or not they're going to have a roof over their heads and who is going to take care of them. So that's all I have to say. Thank you. [LR156]

SENATOR GAY: Thank you, Laurie. Hold on a minute. Any questions? Senator Stuthman has a question for you. [LR156]

SENATOR STUTHMAN: Thank you, Senator Gay. Laurie? [LR156]

LAURIE ACKERMANN: Yes. [LR156]

SENATOR STUTHMAN: First of all, I want to thank you for your comments. Your comments, to me, mean more than the last half hour that I've heard of comments, because you're coming from the heart. You got a family experience with it. And the meaning of, you know, no services available and you're working through it. But we shouldn't have to work through that. And I want to thank you for coming. [LR156]

LAURIE ACKERMANN: Right. Absolutely. Well, thank you very much. [LR156]

SENATOR GAY: Senator Johnson. [LR156]

SENATOR JOHNSON: I was thinking kind of the same thing here. And, you know, one of the things is, I have great admiration for people like you and I don't know if you think that you're better off for having gone through that experience, but I do. [LR156]

LAURIE ACKERMANN: Well, my life is certainly richer, and it's given me a whole new perspective on what we should be doing as a society to take care of one another. [LR156]

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SENATOR JOHNSON: You bet. Thanks. [LR156]

LAURIE ACKERMANN: Thank you. [LR156]

SENATOR GAY: Anything else? Any other questions for Laurie? Thank you very much. Anyone else who would like to speak? I don't see any. I just wanted to say, we do appreciate, you know, your patience, being third scheduled. It's tough, and Senator Johnson tried his best to keep things going and we didn't want to rush you, but that's what happens. And they've got a big agenda this afternoon as well. So we appreciate all your efforts and time to come down here. And with that we'll close. Senator Johnson, do you want follow up? [LR156]

SENATOR JOHNSON: I just wanted to say, you know, maybe we should have kept those people around when they got done, just to see how much they rushed you and did affect things and so on. We do apologize to you for rushing. Believe me, we listen to brief comments a lot more intently and they stick with us a lot better than when people are telling us \$14,269.26. (Laughter) Thank you very much. [LR156]

SENATOR GAY: All right, with that we'll close the hearing. Thank you. [LR156]